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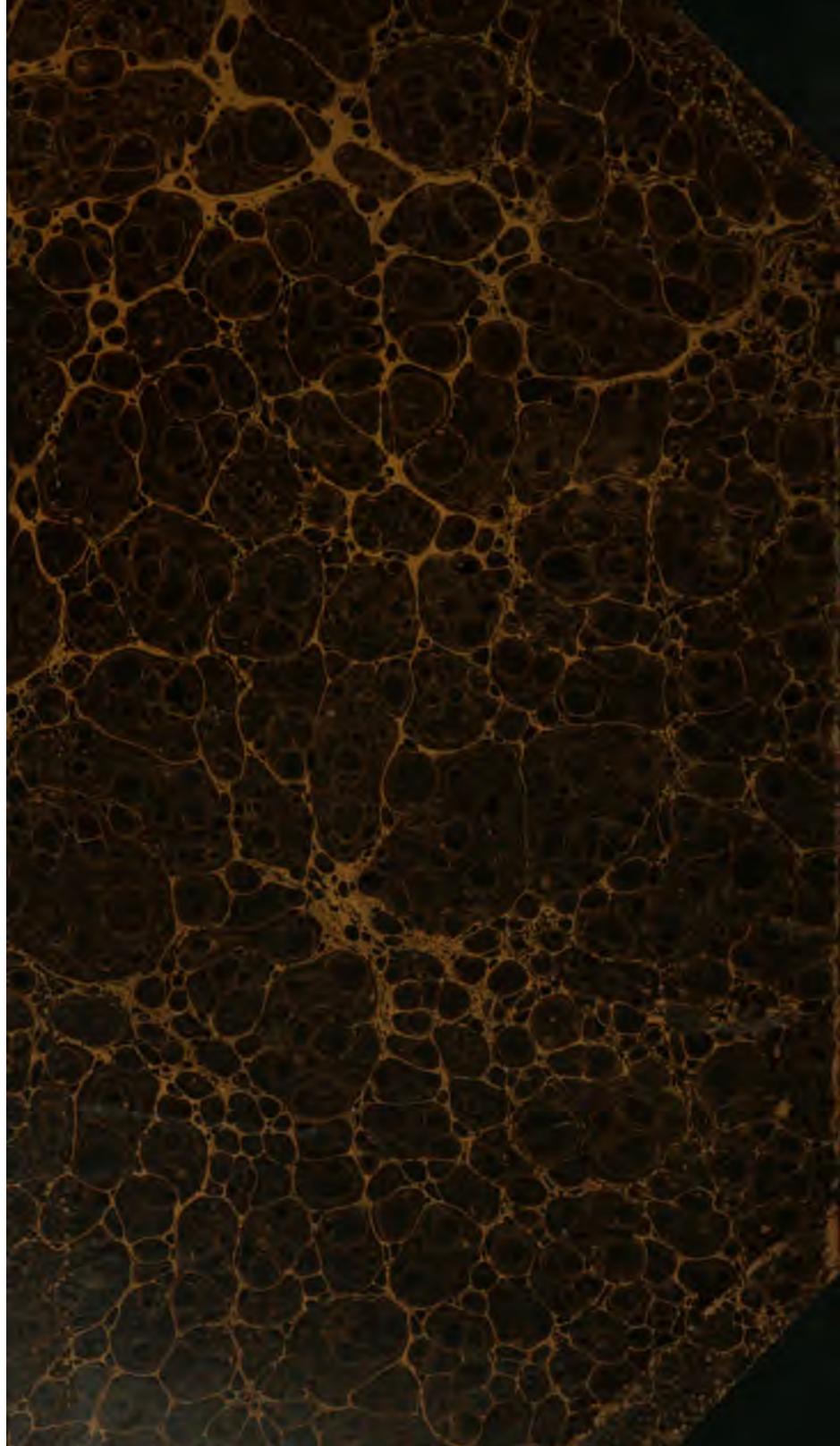
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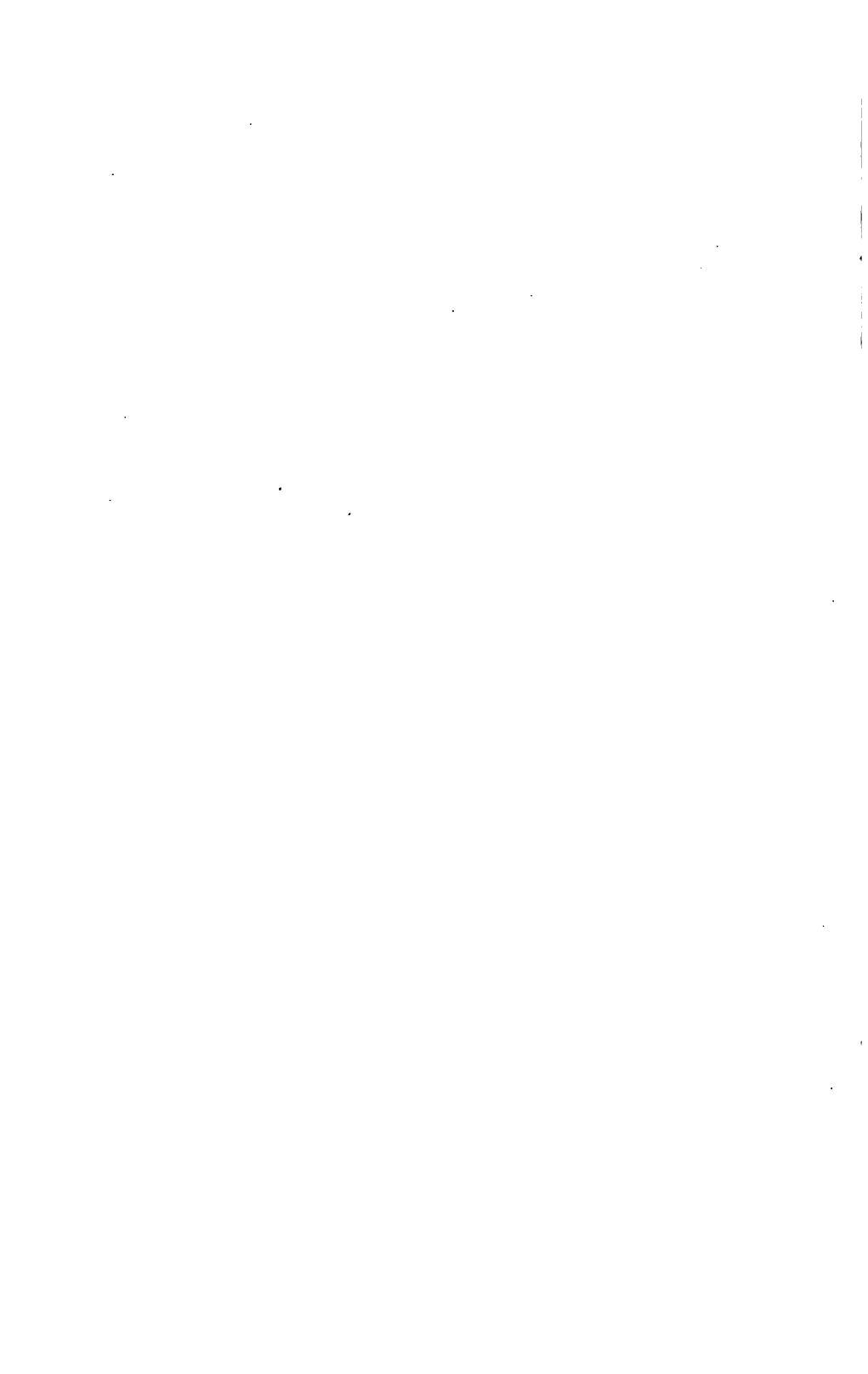
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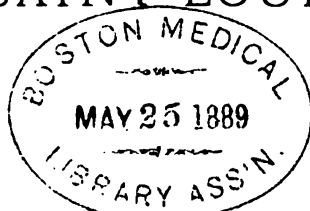




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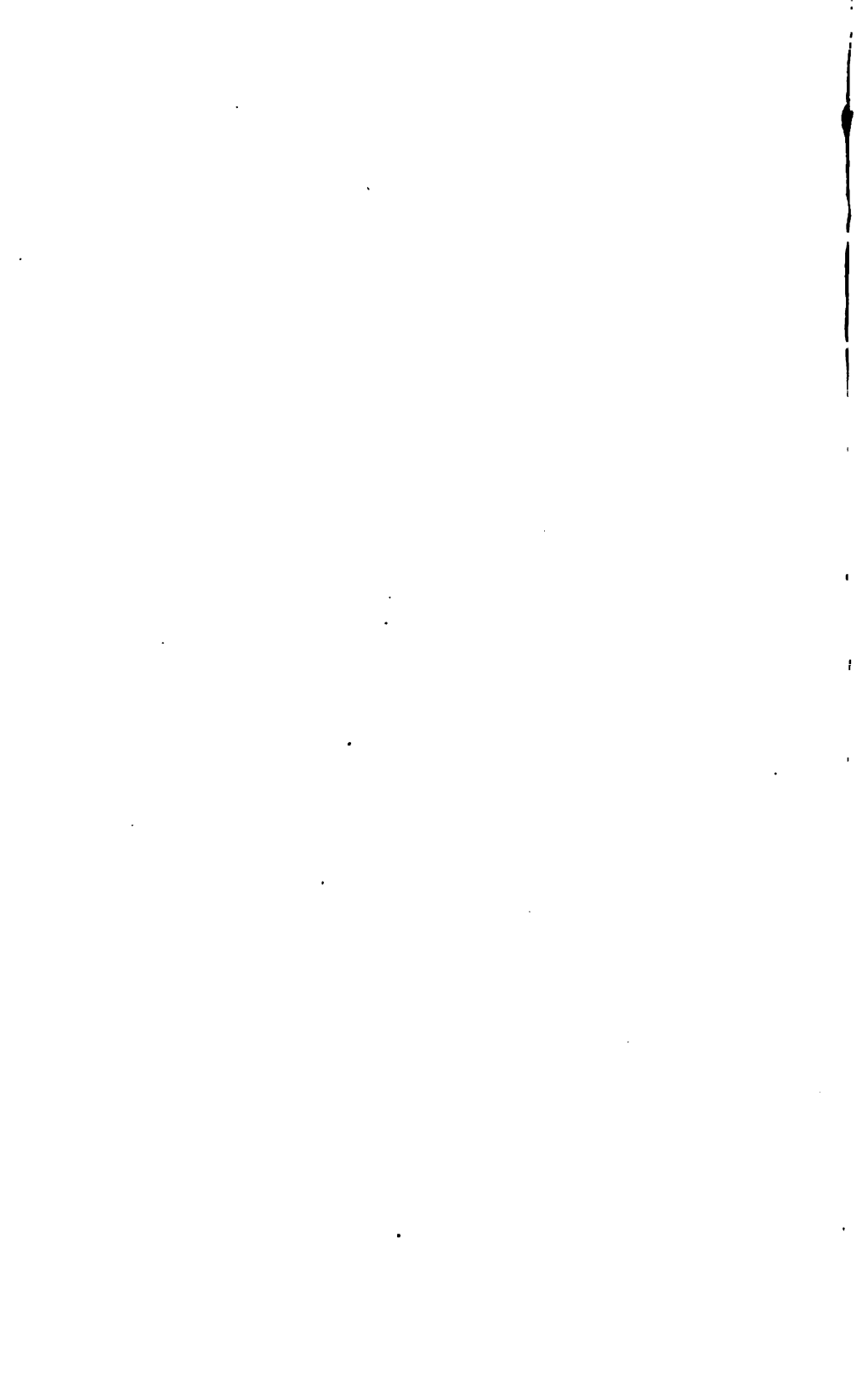
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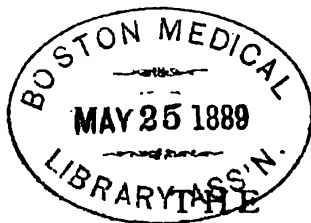
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**Art. I.—When Obstetrical Forceps are to be Used.—By A. J. Howe, M. D.**

Having used obstetrical forceps to facilitate delivery four times during the past year, and on an average twice a year for the past fifteen years, I feel competent to say something about the occasion for their use, and the manner of using them.

I find here and there, now and then, a stupid medical practitioner who opposes the use of forceps on "principle!" One was a Thomsonian or fizziopath, who declared that he would never consent to have his patient delivered instrumentally; that it was murderous, and contrary to the rules of his school—one of which was "wait on Nature." The woman had been in labor forty hours, and the throes of the uterus did not move the child's head a particle—they weakened the mother, and were gradually subsiding. Without delivery death would occur in six or eight hours. I explained to the woman the process of forcible delivery with forceps and promised her a safe escape from impending death, and a living child. The assurance I offered won her consent. I gave her chloroform and delivered her within twenty minutes. She recovered and the child lived; but the "wait on Nature" remained in an adjoining room while the instrumental delivery went on, and a year afterwards I heard that he bragged that he had never used forceps, and never had a case in which they were required! Such dogmatism and wretched dodging are not uncommon among stalwart Thomsonians.

In another case a high potency homœopath expressed great horror at my proposition to deliver his patient with forceps after it

was palpable that her pains were becoming less and less efficient, and had not moved the child's head an iota for six hours. "To use forceps," said he, "is against the fundamental principles of homœopathy;" and when I proposed to proceed with the use of forceps, he took his hat and coat and left the premises. In fifteen minutes his patient was safely delivered and the child was alive.

With that kind of Thomsonianism and homœopathy I have no use. It is stuff and nonsense. But I have no prejudice against a rational and liberal practitioner of any "school."

The report of a case that recently passed through my hands will explain some obstetrical methods which are sound. Dr. B. dashed into my office and said: "Doctor, where can you be found at any hour between this and morning. I have a primipara, thirty-five years old, in preliminary labor. Patient is fat, perineum is thick and firm, os uteri is too small for the finger to enter, and child's head is large and hard. I know the delivery will be instrumental, sooner or later." At nine o'clock in the evening he came again and said that the woman was having active labor throes every five minutes, but the os uteri closed at each labor pain, and no progress was being made. I told him to obtain extract of belladonna, chloroform, Squibb's ergot, and obstetric forceps, and return to his case, and to use the belladonna on uterine cervix; to give five to ten drop doses of the fluid extract of ergot every ten minutes to see how much the womb could be stimulated to do, and if nothing was accomplished by midnight to employ chloroform and forceps. Before one o'clock in the morning a messenger came for me to assist the doctor. Upon examining the patient and hearing the lack of progress in the case, I advised the use of the forceps as early as practicable.

The os uteri was not larger than a half dollar, and not very dilatable, but after chloroform had been administered, I introduced the first blade with ease, and in less than five minutes. This half of the instrument occupied so much of the os, and pulled it so much to one side that it was difficult to make the second blade enter the uterine cavity. I used two fingers in the os to dilate it and to make room for the introduction of the entering forcep. After working at least fifteen minutes, I succeeded in sliding the blade deep into the uterus, the steel following along on the child's head till it was about

in position. By depressing both handles, and carrying the blades a little deeper, the handles assumed the relation to one another that favored a "lock." After the locking and fastening by a few turns of the screw pivot, the handles were ready for a strong grasp and a powerful pull. The forceps were of the Hodge's pattern, long and strong; but with all the force my hands could exert on those levers and compressors, the child's head could only be moved slowly. The doctor exchanged duties with me, he working at the forceps while I administered chloroform and helped hold the patient on the bed. As I returned to the handles of the instrument with renewed strength, it required the combined force of three individuals to keep the patient from being dragged off the bed. The handles were made to swing to the right and left as traction was made, in order to free any lodging point.

After more than a half hour's steady work on the part of the doctor and myself the child's head passed the perineum. The forceps were then thrown aside and the remainder of the delivery was made with the unaided hands. For a half minute the child was limp and still, but a slap of the thorax with the hand provoked inspiration, and soon the welcome cry was heard. The mother and child did well, no untoward symptom intervening. Such a delivery is a triumph of instrumental obstetrics. Without those forceps, the child could not have been born, and the mother would have died. Some skill was requisite for introducing and handling the forceps, but to the inventors and makers of those "helping hands" be all the praise. They neither hurt nor harm mother or child, and by the discreet use of them almost all labors can be brought to a successful issue. They should not be employed prematurely and indiscriminately, but in most instances their use is put off too long. They should be used oftener than they are.

The Hodges' forceps are the best, all points being considered. They never break nor lose their hold when rightly applied; and the length of leverage their long handles give, is a valuable aid in hard labors.

When the blades enter, one succeeding the other, the handle of the first reaches a point between the umbilicus and the crest of the ilium on the right side, and the second takes a corresponding position on the left side; and when the handles are ready to lock, they are depressed to the point of the coccyx, almost tearing the perineum



into the rectum; and when traction is made it is in a constantly changing curve outwards and upwards, till at the point of delivery the handles have risen up and inclined towards the woman's abdomen. As soon as the child's head is born, the forceps are to be laid aside and the delivery finished with the hands.

If the bladder be empty when forceps are used, no vesico-vaginal fistula will be provoked by the force applied.

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**ART II.—Diphtheria.**—By W. H. MELRATH, M. D.

For the last eighteen months this part of the country has been scourged by diphtheria in a very aggravated form.

For several months after its advent, in spite of our utmost exertion, the per cent of fatal cases was alarmingly large. As for myself, I know I studied the disease and tried every method—authorized and unauthorized for that matter—to stay the ravages of the disease. Used cauterants, vegetable and mineral astringents and combinations of the same, but with little or no avail. Used antiseptics in all and every way, but still my patient died.

Consulted the authors, and while they scarcely ever agree on anything else, they each agreed in saying that the local treatment was of very little importance. Some said that it is really injurious. From my own experience I was led to differ on this point. I felt satisfied that if I could find a remedy that would remove the membrane or exudate, that I could prevent the blood poisoning or the constitutional effects of the diphtheretical poison, for I am of the opinion they are one and the same.

But the question was what will remove the exudate and leave the mucous surfaces in a degree healthy. Cauterants would not. Indeed they appeared to aggravate the disease. Carbolic acid or muriate tincture combined, or alone, Pinus Can. and other powerful astringents were tried and found wanting. While I was pushing my inquiries, others were working to the same end, and with better success. Dr. J. H. Baldrige, of Rosedale, Ind., because of some properties he had noticed in liq. ferri. persulphas (Monsel's Solution), determined to try the effect on the membrane or exudate in this disease. The effect was magical. The application of the solution to the exudate per swab, coagulated and loosened it up to such an extent that it was easily removed by the swab or by the retching of the

patient, caused by the irritation of the swab or the constricted feeling produced by the remedy. And here let me remark that the best swab for the purpose can be made from a peach tree twig and a piece of worn domestic, taking care not to get it too large, and remembering to throw the swab and any cloths that may contain any of the coagulated membrane into the fire when done with them. The Monsels Solution not only coagulates and prepares the exudate for removal, but it leaves the mucous surface in condition to heal. In order to overcome some of the unpleasant constricted feeling, I administered a solution of oil of cajeput: R. Oil cajeput, gtt liij; water, ℥j. Give *ad libitum*.

Constitutional treatment with myself is sulph. quinia or cinchonidia and chlorate of potassa; dose according to the age of the patient and gravity of the case.

As we are located in the Wabash ague belt, we have more or less of malarial complications to contend with. Were I in a non-malarious district I would not use much quinia, but would still give the chlorate.

I believe with the two remedies alone, Monsel's solution and chlorate of potassa, if there be no malarial troubles, I can cure ninety-nine out of a hundred cases. I do not say this from hearsay or from insufficient evidence, but from my own actual experience. Since the first of December, 1879, I have treated nearly one hundred cases, and have lost but two.

And I would say to any doubting Thomases, try it and be convinced. Your patients may ask you where you got that green persimmon juice. But you cure them every pop. Of course, there are other indications to meet; they will have to be met as they develop. For fever I find tr. aconite; restlessness and pain, bromide of pot., answer the best purposes.\*

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**ART. III.**—“Elemental Pathology.”—By S. H. POTTER, M. D.

*Pathology*, or the science of disease, may be said to have originated in the discovery of the circulation of the blood, by William Harvey, in 1628. The intelligent classification and treatment

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[\* NOTE.—If Dr. Melrath will turn to pages 43 and 44, Jan. No., American Medical Journal for 1875, he will find that we then recommended Monsel's styptic very highly, and we never fail to urge the importance of using it in diphtheria.—EDITOR.]

of diseases, depend upon clear and correct ideas of pathology; and it is generally conceded that its advance depends upon the progress of physiology, or the science of life.

As might be expected, the line of thought, following Harvey's illustrious discovery, leads those old pathologists to explain all morbid changes in parts as due to a *central* organization; that is, either by disturbances of the circulation, and changes in the blood, or by alterations of the nervous system. This may be called the school of *vascular* or *nervous* pathology, and which school reached its highest point in the pathology of John Hunter. In his writings he refers almost everything to the action of the vessels and changes in the blood. This view was also systematically developed in the earlier editions of Rokelansky's Text Book. When the older pathologists recognized something to be an independent activity in any morbid process, as in cancers and new growths, these they regarded as parasitic. Harvey, in his book “On Generation,” compares cancers and tumors to “mushrooms and plants growing on trees,” ascribing to them “their own proper vegetable souls.”

After the physiology of the nervous system was gradually developed, the theory of nervous influences was substituted in many cases for the vascular explanation of local morbid processes; and, down to the present time, neuro-pathology consists of isolated facts and mere hypotheses, no one having succeeded in forming a rational theory of nervous influence in causing disease.

Schwan and Schliden discovered the minute structure of animal tissues, and proved the activity of the tissues themselves, independent of the influence of the circulating blood; thus establishing, as they conceived, the “cell theory,” or as Sir James Paget now terms it, “textural, cellular, or *elemental pathology.*” Hence arose a new and opposing school of pathology.

At first, this modern advance in pathological investigation, very naturally met fierce opposition, and the discovery of the cellular structure of both plants and animals did not greatly interfere, among the rank and file, with the “central system of pathology,” because the cells were supposed to originate in a blastema, which blastema was formed by the blood and depending upon a general cause—that is, the composition of the blood. This reasoning diverted the special attention of many astute pathologists from due consideration of the actual changes in the elementary tissues themselves.

After a long and fierce conflict, it required many other eminent observers, such as Remak, Goodsir and others, to prepare the way for Virchow to give in the cellular pathology, or elaborate a general theory of the inter-dependence of the two, or relations of the tissues to disease. This was and is the most pronounced statement of the elemental side of pathological science. But even Virchow, with all his elaborate and effective showing, has not succeeded in entirely demolishing the vascular theory of disease. In the theory of inflammation and the importance of the connective tissues, the "elemental," or cellular pathology has suffered serious curtailments within the past few years.

These conflicting schools or theories yet remain; neither superceding the other, and the science of diseases in the future will most likely combine them. Obviously, neither can be rejected utterly, because it is certain that the minutest elements cannot act independent of the influence of each other, and of the central nervous and vascular systems. True, cellular or elemental pathology explains processes common to organisms which possess, and which do not possess any detectable nervous system or circulation. On the other hand, in the process of inflammatory action, apparently dormant parts soon show excess of heat and vascularity only explainable by the "vascular or nervous pathology." The organism is a complete union of all its parts in full and close sympathy, so that when any portion suffers, the whole must, to a less or greater degree.

The object of this brief article is to stimulate more special attention of students and practitioners to physiology and pathology, a good knowledge of which are indispensable to the attainment of enlightened eminence and usefulness in the medical profession. The day of recipe and routine doctors is past; fundamental principles must be thoroughly studied and understood.

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**ART. IV.—Homœopathy versus Eclecticism.**—By I. J. M. Goss, M. D.

Homœopathy is not eclecticism, although eclectics recognize the dual action of medicines. For instance, there are cases of nausea and vomiting where ipecac may be relied upon as a remedy; then again, in other cases, it does not answer the purpose at all. This

is from the fact that nausea and vomiting was the result of an entirely opposite cause, calling for a different remedy. There are cases of diarrhœa, in which podophyllin will be found a good remedy, and then there are cases in which it will not do. It certainly is an established fact that each drug has a specific affinity for, and an action upon, some tissue or organ. And most of our remedies act through the nervous system; some acting upon the motor nerves, some upon the nerves of sensation; one contracting, another relaxing; one stimulating, another depressing functional action of organs. And it is now an established fact, that the quantity given has much to do with the action of the remedial agent in each case. A remedy, in a certain quantity, will produce pathological conditions in some part or parts, for which it has an affinity, and through these parts, by affecting the nutrition of these parts, or by some reflex action, disturb the whole system. Therapeutists now seem to regard symptoms as the sole indication for certain remedies, but it will not do to rely upon isolated symptoms without regard to the cause of the disease. For instance, we regard certain diseases as of germ origin, as diphtheria, catarrh, and many others; hence, it will not do to confine our treatment to the mere febrile manifestation of these diseases; but we must meet the cause, which is a septic element in the blood; that is the prime factor in the production of all the symptoms, both local and systemic. Physicians have been too prone to prescribe rotinely, according to the settled idea of their predecessors, not taking time to think for themselves. For instance, they have been accustomed to prescribe mercury in a large majority of the diseases they treat, and now, it is very difficult to determine the poisonous effects of that drug from many of the diseases for which it is given.

Ringer says that "most of the tertiary symptoms of syphilis are the abuse of mercurials." But it is well known now, by those who have tried it, that the biniodide of mercury will relieve those pathological conditions that resemble the poisonous effects of mercury, provided that it is not given in large doses as hitherto, but in doses just large enough to neutralize the syphilitic virus and convey it out of the blood. This drug like most others, points to its curative action by its tonical action. It may be asked then, how does this differ from homœopathy? It differs widely from the old theory of

of homœopathists of years ago. Of late there is a branch of homœopathists who do not go into the vague chimera of infinitesimals; these are likely to become eclectic in practice and theory. The dual action of drugs furnishes the key to scientific therapeutics. Each case must be carefully examined, and the dose of medicine, not toxic or infinitesimal, must be sufficient to meet the peculiar indication according to the expressions of the symptoms grouped together.

There certainly is a similarity between the drug's pathogenesis and the disease to be cured in all the valuable remedies that have been used empirically with signal success. Colocynth in large doses produces cutting, screwing pain, and for that kind of pain in the bowels I find it curative. Aloes produce piles, and the same kind of piles are cured by small doses. Oil of turpentine causes nephritis and hemorrhage of the kidneys, in over doses; both these affections are cured by it in small doses. There certainly is a relationship between the symptoms to be met and the action of the remedy to meet them. Eclectics do not deny Haller's law of cure, but they do discard Hahneman's speculations in regard to dynamization of medicines. Trousseau and Ridoux, in their seventh edition of therapeutics, state that cinchonia, in large doses, produces fever. Bretonneau admits the same. These facts cannot be denied.

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### *ABSTRACTS.*

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**The Uses of Iodoform.**—By H. C. HOWARD, M. D., Champaign, Ill.

The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated and abraded surfaces, which have for any reason too little inclination to take on healthy action, and which, therefore, require some alternative or stimulative impetus. I shall, therefore,

designate, in a few words, some of the conditions in which I have found it useful.

*Chancre and Chancroid.*—Take iodoform 100 parts, sugar of milk 200 parts, thymol 1 part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day for the first two or three days, then as healing continues, they may be repeated less frequently. A fair trial of this method, I am certain, will convince any one of its superiority.

*Herpes circinata, herpes zoster and herpes of the prepuce.*—Dissolve one dram of iodoform in one-half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will usually affect a cure.

*Granulated lids.*—Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

*Granular pharyngitis.*—The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bed-time. The most obstinate cases will often yield promptly to this course.

*Chronic Ulcers of the Leg, Cracked Nipples, and all kinds of Indolent Ulcers with Raised Edges.*—Prepare an ointment containing one-half dram of iodoform in an ounce of cosmoline, and apply frequently, after having previously thoroughly cleansed the parts. The well-known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

*Uterine Catarrh.*—For uterine catarrh, or, as it is improperly called, endometritis—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an

erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one-half dram of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube about one-fifth inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five drams of the iodoform may be used at a time. Unlike the gelatine pencils of iodoform, which are so widely advertised, this melts and takes effect at once, and causes no pain.

*Fissure of the Female Urethra.*—This troublesome and intractable ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

*Gonorrhœa in the Male.*—The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the "British Medical Journal," contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhœa. I would, however, give the preference to the method of preparation and application which I have described, as being simpler, and, perhaps, more effectual than his. It must be remembered that the popular addition of balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.—*Chicago Medical Review.*



**The Hard Rubber Pessaries.**

ED. MED. AND SURG. REPORTER:—I desire through your journal, to call the attention of members of the profession to the "Hard Rubber Uterine Supporter," manufactured by Dr. S. S. Staufer, of Philadelphia.

Of the various instruments given to the profession for the purpose, none have, in my hands, accomplished their object as comfortably and as well, and given as much general satisfaction as this one.

Every physician of any experience has had his ingenuity taxed, at times, to meet the requirements in a given case; he has, with the employment of ordinary tact, succeeded in elevating the uterus to its proper plane, but to support it there without injury or discomfort to the patient has always been the great desideratum.

Now, appliances depending upon the soft parts for auxiliary support, fail in proportion to the degree of relaxation of the pelvic viscera, and as this relaxation is always present in a greater or less degree in prolapsus, it is irrational to expect to remedy a defect by augmenting its predisposing cause. The truth is that you have not only got to support the prolapsed organ, but its superincumbent parts as well, and the only point of direct support most available for the purpose is the pelvis itself.

The great objection raised against apparatuses for this purpose supported by belts fastened to the pelvis is, that "every jar or shock received by the latter is communicated to the uterus direct, and therefore great danger exists that serious injury may result to that organ." This danger is, in my experience, completely obviated in Staufer's instrument, which consists of the usual belt around the waist with the elastic attachments of other instruments of its kind, but in addition to these there is a spiral wire spring within the stem supporting the cup, so nicely adjusted, in point of strength and resiliency to the elastic attachment tubes, that any shock received by the pelvis, is as effectually modified at the uterus as it would be were no apparatus worn at all. An examination of the instrument, or better—a trial of it, will convince any one that it is the nearest approach of a mechanical contrivance to the normal functions of the uterine ligaments yet devised. To secure comfort and entire satisfaction, all that is required is to select the proper size of cup; let it be just large

enough to allow the cervix to rest easily therein—and here let me say, that the cups can be had of any size, from  $1\frac{1}{4}$  inches, graded  $\frac{3}{8}$  inch, up to  $2\frac{1}{4}$  inches across the top. These cups can be exchanged freely with the manufacturer, until a suitable one is procured, without extra cost to the purchaser. In fact, any of the hard rubber parts of this instrument are included in the exchange privilege, with only the nominal difference of cost in manufacture, a feature in itself, aside from its great utility, that commends the instrument to the general practitioner.

I. N. GRUBB, M. D.

Thompstontown, Pa., Nov. 29, 1880.

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**Ergot Poisoning.**—By JOHN M. KEATING, M. D., Consulting Accoucheur to Philadelphia Hospital; Lecturer on Diseases of Children in University of Pennsylvania, etc.

The following case presents certain features of interest, and I do not remember to have read of one like it in any of our own or foreign journals:

I was engaged to attend Mrs. D—— in her confinement, to come off the first week in the current month, as it eventually did.

The family had moved to the city from a country town some years ago, and Mrs. D. was placed under my care for uterine disease. She had some inflammatory trouble following a previous labor. After a short course of the usual treatment she entirely recovered, and soon after became a second time pregnant.

At the third month she over-fatigued herself by some house-cleaning duties, and a miscarriage resulted. I was absent from the city at the time, and upon my return at the end of the summer, found my patient relapsed into her former state, with side-ache, purulent uterine discharge, subinvolution and its accompaniments. Once more she regained her normal condition, and again became pregnant. As the uterus enlarged there were evidences of "binding down," probably from some old adhesions about the left ovarian region. For some weeks previous to confinement she was unable to leave the house, for the abdomen was very much enlarged. There was great flatulence, and the patient suffered continually from left sciatica. The child was a large one, but the pelvis was capacious.

Fearing some difficulty from uterine inertia, I explained her case

to a medical friend, and urged her to send at once for him, should the messenger find me absent from my office. As is usual in these cases, the child came at an inopportune time, but my friend arrived early enough to save the patient considerable pain by the application of the short forceps of Simpson. The head had well descended, and was resting at the outlet, but the uterus was unable to contract sufficiently to produce expulsion.

There were placental adhesions of great firmness, and, in consequence, more than the ordinary amount of hemorrhage.

At last the uterus was well emptied, the binder applied, and 3 ij. of the fluid extract of ergot administered—this by the doctor himself.

The patient was left comfortable, with instructions to the nurse to send for the doctor at once in case of hemorrhage, and while the messenger was absent to give the patient 3 ss. of the ergot every half-hour till the doctor's return. By a misunderstanding the 3 ss. of ergot was administered every half-hour from the time the doctor left. I reached the house a few moments after the messenger had been sent in search of me, and found my patient presenting an appearance that was indeed alarming. The face was of a bluish tint, and she seemed in great pain. The pupils were dilated, the pulse was quick, very weak, and occasionally irregular; there was dyspnoea, nausea (no vomiting), buzzing in the ears, and at times a tendency to syncope. The skin was cool and clammy. I was informed that another baby was expected. Upon inquiry, I learnt that in all she had taken about 3 ss. of the fluid extract of ergot (and this was afterward corroborated by the medical attendant from the amount left in the bottle, which he himself had brought to the house). I loosened the binder, lowered her head, gave her some whisky, and stimulated the circulation by rubbing, and in the space of half an hour the severity of the symptoms had gradually passed, and the patient was left to sleep off a dose of morphia and potass. bromide that was administered.

One of the most interesting features in the case was the powerful uterine contractions. This alone was so marked as to have silenced, in my own mind, any doubts as to the efficiency of ergot, had I ever been a skeptic on the subject.

Corner Twenty-second and Locust streets, Philadelphia.

**Boracic Acid.**

My experience in the use of boracic acid, considering the length of time I have been using it, has been somewhat extensive ; limited, however, almost exclusively to its use as a local remedy. So uniformly efficient has it proved that I am induced to record my evidence favoring its use, and attest its value as a therapeutic agent. From the favorable reports from other sources of its salutary effects as a local application in gonorrhœa, I was induced to give it a trial, thinking, however, that like many other remedies recommended, it would prove] successful occasionally only, and one of many to be tried in the event of failure by ordinary methods. Of twelve cases treated, regardless of the stage of the disease, whether inflammatory or chronic, boracic acid was used in all. Of the twelve cases, eight were cured with it alone, no other remedy being used excepting bi-carb. potassa, which was given only in those cases where the disease was just beginning. The maximum length of time requisite for a cure was eighteen days. Four cases terminated in recovery in five, eight, eleven and thirteen days respectively. In five cases the treatment was inaugurated very soon after the first appearance of the disease, and in each the inflammatory condition was much less than is usual. The four cases which were not cured with the boracic acid alone, were those in which the disease had existed for some time, had become more chronic and required the addition of an astringent. Sulphate of zinc was chosen, and combined with the acid. The strength used was in all cases a saturated solution in water alone ; that is to say, a given quantity of water, to which was added as much of the acid as would be dissolved, and injected three times daily. I have also found it yield excellent results in vaginal leucorrhœa, in granula inflammation of the cervix and vagina. With no other remedy that I have ever used have I obtained such good results as from this in pruritus vulva ; in a number of instances immediate relief following its application. I have also used it as a local application in three cases of eczema, two acute and one chronic. The result was all that could be desired, the intense itching being relieved immediately following its application, and its continued use in connection with suitable constitutional remedies, eventuating in a cure. I also used it in a case of poisoning from

poison ivy; the case, a young lady, whose face, neck and ears were all involved, completely covered with the characteristic effects from contact with the poison ivy, at the end of four days no trace of the disease remaining, the patient applying it freely upon the parts affected; the strength of the solution being the same as indicated above. Dr. J. Perrin Johnson, of this city, oculist and aurist, whose experience in the use of boracic acid has extended over a longer time than my own, informs me that he has obtained excellent results from its use in naso-pharyngeal catarrh, applying with a syringe a saturated solution daily; also in otorrhœa, cleansing the ear daily with the solution, and in connection with tannic acid and glycerine in chronic conjunctivitis, and with aqua camphor alone in acute conjunctivitis, regarding it especially a remedy of much value in the latter named disease. That boracic acid is destined to take a high place in the estimation of the profession as a valuable remedy in diseased mucous membranes, there can be no doubt, and from its superior antiseptic properties would undoubtedly prove especially efficacious as an internal remedy in those diseases where antiseptics are known to be useful, as diphtheria, scarlatina, etc.—[H. STEELE, in *Peoria Med. Monthly*.

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#### **Pilocarpin for Intermittent Fever.**

Dr. Gaspar Griswold, in the August No., 1880, of the "New York Medical Journal," gives a favorable report on this subject. Among other points established by clinical observation, he says, are (1) that intermittent fever may become pernicious. (2) Tendency to relapse is less after attacks quickly broken up. Indeed, after the system "has been well saturated with malaria," as the phrase is, he may have a chill at any time, without additional exposure in a malarial district, merely as the result of over-work, anxiety or some other depressing influence. (3) An ordinary intermittent fever may prove remotely serious, if it continue long, or if it recur frequently, by inducing constitutional deterioration. Well marked malarial cachexia, it has been stated, is often observed in patients who have never experienced any fever, but who have lived in malarial districts. But these statements are open to question, since there seems to be remarkable tolerance of high temperature in intermittent fever—

patients reporting themselves comfortable in whom the thermometer stands at 104°F. (4) To prevent a single paroxysm is to diminish the tendency to the occurrence of successive ones. In a large proportion of cases, such prevention of a single paroxysm will bring about a cure, or will prove a most powerful adjuvant to constitutional treatment.

The efficacy of the salts of quinia is beyond question; but in many cases they do not act promptly enough. The essentials of a chill are a small, hard pulse, peripheral anæmia, and convulsive muscular contractions. Pilocarpin relaxes arterial tension, causes a determination of blood to the surface within two or three minutes, when hypodermically used, and, by the diaphoresis induced by it, brings about muscular relaxation and relief of the chill—just as amyl nitrite, dilating the cerebral vessels, prevents the epileptic seizure.

Six cases of malarial intermittent fever were first selected as a clinical test.\* Each patient was carefully watched at the time when his paroxysm was due, and two or three minutes after the chill had fairly begun, one-fifth of a grain of muriate of pilocarpin was administered hypodermically. The temperature was then taken every thirty minutes for the next four or five hours, with the following results: In five cases the chill stopped within two or three minutes after the pilocarpin was administered, and the paroxysm aborted, terminating in the sweat caused by the medicine—no hot stage occurring. In the remaining case, the patient was a very large man, and the dose administered did not produce marked diaphoresis; the chill was not interrupted, although its severity was diminished, and the pains in the back and loins disappeared. A hot stage occurred, but was shorter and less intense than that of the preceding paroxysm. It was proposed, in case another paroxysm occurred, to give a larger dose of pilocarpin; but the patient recovered without having another chill. In one case, quinia was also given; in the other five, pilocarpin was the only remedy. (2) In all the cases, recovery followed the administration of a single dose of pilocarpin; in no instance did another chill occur.

In a seventh case, five grains of quinine three times a day were prescribed. A chill, threatening to develop, was anticipated, and

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\*See "Med. Record, Aug. 16, 1879.

prevented with pilocarpin. Convalescence was established without the occurrence of another chill. In all but one of the preceding cases, the medicine was administered *during the chill*.

Dr. Griswold has since studied *seventeen* cases in which pilocarpin was given *before the chill* to prevent its occurrence. In five of these, the remedy was used *hypodermically*. Diaphoresis resulted in from two to five minutes, and in every case the chill was prevented. In one of these cases, a second dose was required two days afterwards, and was again successful. Quinine was given in three instances in three to five-grain doses, thrice daily.

In the twelve remaining cases, muriate of pilocarpin was given *by the mouth*. In two instances it failed to act—no diaphoresis being produced; the impending paroxysms were not prevented, but went through their usual course. In ten cases, more or less diaphoresis resulted in from ten to twenty minutes, and in all these, the paroxysms were averted. In three of these twelve cases, including the two in which no diaphoresis was produced, it was found necessary to use the pilocarpin again. About half of the twelve patients took quinine.

Administered hypodermically, the drug acts more surely, more rapidly, more evenly; the dose required varies between gr.  $\frac{1}{2}$  and gr.  $\frac{1}{6}$ , according as the patient is large or below the medium size. The following solution may be used: *R.* Pilocarpinæ muriat, gr. j.; Aquæ distil, 3j; *M.* Sig. Mix. x=gr.  $\frac{1}{6}$ .

Like similar solutions of other alkaloids, this one begins to lose strength, and is no longer reliable, after standing two or three weeks in a warm room. One-grain powders of the drug may be kept for an indefinite time, put up by the druggist in a manner to prevent deliquescence; the above-mentioned solution can then be made fresh as occasion may require.

If the patient objects to hypodermic medication, or if circumstances render this method of administration inconvenient, the remedy may be given by the mouth, and yet act efficiently. In this case the dose will vary between gr.  $\frac{1}{4}$  and gr.  $\frac{1}{3}$ . It is best given in powder, as follows: *R.* Pilocarpinæ muriat, gr. j.; Sacch. lactis, gr. xxv. *M.* Div. in chart No. V.

These powders may be given to the patient, with directions when to take them.

To prevent the occurrence of a chill, pilocarpin should be given hypodermically about fifteen minutes before the time when it would commence; if given by the mouth, an interval of half an hour is desirable, on account of the slower action of the drug when administered in this way. In cases where distinct prodromata, with which the patient is familiar, enable him to predict a chill, these will indicate when the medicine should be taken. In cases where there are no prodromata, it will be necessary to approximate, judging from the hours at which preceding chills have occurred. In those instances in which paroxysms come on at odd times, without any regularity, the patients may be advised to carry powders about with them, taking one whenever an attack seems impending. It is in this last class of cases that the administration by the mouth is especially convenient.

It is well to assist the action of the pilocarpin with warm coverings and a warm drink; unpleasant salivation is least apt to occur in those cases in which diaphoresis is prompt and easy. Should the sweating cause the patient to feel cold and fatigued, a stimulant may be administered. In one case in which profuse diaphoresis continued longer than was desirable, it was checked promptly and without unpleasant symptoms with atropiæ sulphat. gr.  $\frac{1}{64}$ , administered hypodermically.

The advantages of this addition to the therapeutics of intermittent fever are sufficiently obvious. If the chill has just begun, the administration of pilocarpin will, in most cases, cause the paroxysm to abort; there will be no hot stage, and the patient will escape the exhaustion incident thereto. If the chill has been in progress for fifteen or twenty minutes before the pilocarpin is given, it will be cut short, and many of the patient's disagreeable sensations dispelled; but some fever will generally follow; this, however, will not range so high nor last so long as it would have done without treatment. In either case, the tendency to the occurrence of another paroxysm will be much less than if the first had been allowed to run its course without interruption. Quinine may now be given, but need not be pushed to the induction of absolute cinchonism; for, if another chill should threaten to occur, it could with certainty be prevented with pilocarpin. In this way the patient escapes the unpleasant effects of large doses of quinine—the fever being none the less effectually



cut short at once ; paroxysms not being permitted to occur, exhaustion is avoided, and convalescence is easy and rapid. In cases where quinine, through idiosyncrasy is contraindicated, it may be left out of the treatment altogether, and entire reliance be placed upon pilocarpin. A large majority of cases of intermittent fever terminate without further treatment, after the thorough abortion of a single paroxysm with pilocarpin ; very few cases, indeed, not 5 per cent, will continue long enough to require a third use of the remedy. One great advantage is, that pilocarpin need not be used blindly ; it is required only when a paroxysm is felt to be on the point of developing.

The power of pilocarpin to cure intermittent fever entirely, by simply anticipating and preventing the occurrence of one or two paroxysms, is greater and more striking than will easily be believed by those unaccustomed to its use. I have histories of four cases which had already resisted quinine and other approved anti-malarial remedies for periods varying from two to four weeks, but which terminated after the decisive control of a single paroxysm with pilocarpin. The most recent of these recoveries took place three months ago ; yet a relapse has not occurred in a single instance.

Vague and ill-defined malarial manifestations, headaches, neuralgia, etc., are very successfully treated by the administration of pilocarpin a few minutes before the time of their occurrence ; the effect will be most satisfactory when the disturbance in question is attended with some rise of temperature, and is distinctly periodic.

No good results seem to follow the administration of pilocarpin during the hot stage ; its efficacy appears to be limited to its power to prevent or break up that primary disturbance of the circulation which ushers in a paroxysm. It acts quite as well, however, in cases where the cold stage is not marked, if it is given early enough to produce diaphoresis before the fever is well declared.

After having witnessed its administration in nearly a hundred cases, the author feels justified in asserting that, in the doses required in intermittent fever, the action of pilocarpin is unattended with danger or discomfort. This assurance is certainly not superfluous, in view of the fact that many good authorities hold that its use in uræmic coma and convulsions has been followed by serious cardiac depression and pulmonary cedema.

**Treatment of Diabetes Mellitus.**

When we find a great number of remedies reported capable of curing a very intractable disease, we may reasonably infer that making due allowance for deceptions and misconceptions, the *post hoc* has been too often mistaken for the *propter hoc*. Glycosuria is often transient in its nature and evidently due to some passing perturbation, upon the relief of which the glycosuria disappears. This is a different matter from true diabetes mellitus, which in point of fact is very intractable to medicine. We may indeed relieve some or many of the complications attendant thereon by medicine, but not thereby will we cure the disease.

Shall we then trust the cure to nature, or rather let the patient go hopelessly down without an effort to save him? By no means. We have resources which may palliate, or may even save. We can help the digestive organs, we may relieve constipation, we may ease pain, or produce sleep by well directed medical treatment proper. But I believe medicines are almost only useful for secondary purposes; they will not alone cure the diabetes, though they may aid in the patient's recovery. Our principal resources are hygienical; we must feed and clothe the patient properly; we must direct his baths, as well as his food; we must direct his exercise. If anything is clear, it is that food has a very primary influence in the successful management of the case. We must interdict starch and sugar. In the early stages the patient will pretty uniformly improve on a regimen from which these are excluded. There is one single article of food which has effected cures, at least temporary cures, when given alone, as exclusive diet, and that is skimmed milk. It has failed too, and so signally, that some therapeutists object to its use as absolutely injurious. Bouchardat is one of these. He objects positively to milk, because, as he says, he has established that fifty grammes of lactein in a litre of milk will give fifty grammes of glucose in the urine of the diabetic patient. Therefore, he refuses to allow its use. Nevertheless, he says some patients, strange to say, do well on it, and of course, they may use it.

Dr. Donkin, on the contrary, shows that patients generally improve on skim-milk diet. He gave his patients at first from four to six pints of skimmed milk a day, with a gradual increase to even double that quantity. In the course of one week, there is obvious

improvement, or if not, the treatment may be discontinued. The casein of the milk, he says, is little liable to conversion into diabetic sugar, and the lactose, he adds, is not at all subject to such perversion. If it be a form of sugar, it is, he urges, widely different from diabetic sugar, and other forms of glucose.

When the patient has ceased to pass sugar for some weeks, a cautious change may be made towards a mixed diet.

I have considerable confidence in the milk cure, though it was not a cure with my last patient; nor could a cure be expected when the whole vital force was completely exhausted when the patient first came under treatment.

The hygienic management most approved in regard to food, is the withholding of starch and sugar in all forms, so that the patient has not even his daily bread, except a particular kind of bread, made of gluten and bran.

I have ordered this regimen in some cases with good effect, but in the course of time it usually [requires to be changed. I have sometimes found that the glycosuria was disappearing under this course, but that nevertheless the patient was still failing rapidly. In such instances I have found the general condition to improve with a restoration of ordinary mixed food.\*

Dr. Harley makes some judicious remarks upon this matter worthy of attention. He says there are two kinds of diabetes mellitus, one from excessive formation of sugar, with which there may be no great diuresis, nor thirst, nor emaciation. In such cases, the patients are manifestly benefitted by restriction to animal food—without starch or sugar.

In the other kind, the diabetes results from diminished assimilation, in which there is progressive emaciation, temperature rather below than above normal standard, with dry and harsh skin. In such cases the patient's general health improves upon a mixed diet of animal and vegetable food, with such medicines as phosphoric acid, strychnine, tincture of cannabis indica, etc.

\*I have recently treated a bad case of diabetes mellitus with skimmed milk, and had good success. When the patient grew weak and tired on the milk, I added lean beef and eggs, and without detriment; on the contrary, with great advantage; no bread, or anything containing starch or sugar, was allowed. *Rhus aromatica* and nitric acid were the only medicines given.—EDITOR.

As a matter of fact the practitioner often finds that he will have to change his dietetic course for the well being of his patient. He should make, or instruct the patient to make, daily examination of his urine, and allow or withhold starchy food according to its obvious influence; when duly assimilated it does not increase the sugar in the urine, when it is not assimilated, it does increase it, and herein we find the guide for the use or disuse of starchy food.

Bouchardat has great confidence in vigorous physical exertion in this malady. The patient takes to it very reluctantly, but finding its good influence, he learns to exert himself willingly in the gymnasium, or in some kind of daily work.

Under the influence of rapid movements, a greater mass of air is introduced into the lungs. A greater quantity of oxygen is employed, a greater quantity of heat and of force is produced; this heat and force require a greater consumption of aliments; the glucose itself is consumed in supplying the tissues, instead of passing off in the urine.

Hot water and hot air baths, Turkish baths, and frictions, or shampooing, are important agents in the treatment. Woolen clothes should be worn at all seasons. \* \* \*

Summarily, then, in the treatment we diet our patient according to rules which may be considered to be pretty well established; we enjoin upon him an active life up to his capabilities; we act upon the surface by baths, frictions, exercise and warm clothing; we warn him against all perturbations and irregularities of life; against excesses at table, abuse of liquors and of sexual indulgence; and then we give just such medicines as may be demanded by the numerous and varied complications attendant upon this disease in its usually fluctuating and protracted course. \* \* \*

While it must be admitted finally that the number of permanent cures is very small when the disease is well established, still as improvement is common and cures occasional, we may and ought to encourage the patient with hope, that best of tonics and most exhilarating of elixirs. Hope is in itself a great remedy which we bring to bear with others, and with them, we may have the pleasure now and then of congratulating a patient upon a happy, though exceptional, recovery.—[PROF. R. McSHERRY, in *Maryland Medical Journal*, July, 1880, p. 98.]

**Sciatica.**

A very common and a very distressing ailment in this climate is sciatica. I do not propose to discuss the pathology of sciatica here nor do I intend to enumerate the many methods of treatment that have been used and recommended for its relief, I merely wish to call the attention of the association to one method, which being comparatively new, is entitled to a little more consideration on that account.

I refer to nerve-stretching. This expedient was first suggested and practiced successfully by Nusbaum for traumatic neuralgia but of late years it has been resorted to also for idiopathic neuralgia, and cases have been reported occasionally in the journals of its more or less successful performance.

If there is any nerve in the body which especially invites this operation, it is the great sciatic in cases of sciatica. The operation is easily performed, is free from danger, and so far as we know is highly successful.

The following is a typical case: W. C., age forty-one, Ann Arbor, October, 1879; has been troubled with sciatica for nearly two years, and in spite of numerous and various forms of medication and local treatment has grown steadily worse. Since August he has had no rest, day or night. At first we applied the continuous current of electricity and gave croton oil internally, which afforded so much relief that he was dismissed in good condition, November 1, 1879. January 10: patient returned to hospital in as bad a state as he was at first.

The operation of nerve-stretching was then decided upon and performed at once. An incision three-and-a-half inches long was made over the upper end of the biceps muscle, commencing at the lower edge of the gluteus maximus. With the handle of the scalpel the tissues on the inside of the biceps were turned gently aside and the nerve exposed without the slightest difficulty. I then hooked it up on my forefinger and stretched it with all the strength I could exert. The incision was then closed and carefully dressed. Anti-septic precautions were observed throughout.

The following notes from the hospital case-book will complete the history of this case:

January 12: Patient did not sleep well the first night after the

operation, but the second night he did. Has had no sciatica since the operation.

January 14: Stitches removed; very slight trace of serous discharge; patient looks much better and says he feels so.

January 17: Patient before the class and gave a fine account of himself—dismissed.

May 5, 1880: Patient appeared before the class in perfect health; has been entirely free from neuralgia ever since the operation and is now able to do full work for the first time in two years.—[PROF. MACHEAN, in *Physician & Surgeon, of Ann-Arbor*.

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### Scarlatina.

Dr. W. W. Carpenter, Petaluma, Cal., writes: We use the sulphites for their liberation of the acid sulphurosum by the chemistry of life through decomposition. The liquified gas itself being so much more pleasant, as well as exact and direct, than its liberation through the medium of the sulphites, I adopt the use of the former agent itself as far as preferable.

Scarlatina appears to be one of those diseases which can be very successfully managed by the chlorine treatment. For ten years my exclusive treatment of scarlatina was as follows, to wit: *R.* Potassa chlor., 10 grains; acid muriatic (strong), 1 drachm; aqua pura, 1 pint.

Add the potassa and acid, and cork tight. Add water little by little, and agitate until full. Dilute this at time of using to a pleasantly acidulated drink, and use it freely. During ten years I never lost a case of scarlatina under this treatment. Notwithstanding all this, my present treatment of scarlatina is as follows: *R.* Acid sulphurosum, 5 drachms; sol. potassa chlor., 3 ounces; glycerine, 8 ounces.

*Sig.* Teaspoonful every hour, or oftener.

Thorough inunction by means of vaseline would be a successful treatment in ninety-nine out of one hundred cases of scarlatina. In connection with, or as an adjunct to, the above treatment, the inunction with vaseline would shorten the career of the disease, as well as prevent the possibility of any sequela following.—[*Medical Brief, July*.

**Aphrodisiac.**

Dr. John W. Harris, of Staunton, Va., answers an appeal from "Medicus" by citing the following cases: Case A.—A man of sixty, hale, and apparently vigorous generally, but with a sexual lethargy unsuited to a connubial partner forty years his junior. We employed the following: *R.* Phosphorus,  $\frac{1}{3}$  gr.; ext. nucis vomicæ, 8 grs.; iodoform, 24 grs.; quiniæ sulph. 24 grs.; ferri chloride, 24 grs. *M.* and make pills No. xxiv. Take one three times per day, after meals.

In two weeks we were waited upon by the old gentleman, who seemed indeed to have found the hidden fountain of perennial youth, and he was effusive to the highest degree in his expressions of grateful satisfaction. In less than a year he again visited us, and exhibited, with every manifestation of paternal pride, a very robust and promising baby.

Case B.—A young man twenty-one or twenty-two years of age, resident of New York city at the time. General condition excellent. Scrotum relaxed somewhat and pendulous, but contents normal in size, elastic and healthy. Was unable to meet pressing and tender engagements from simple want of desire. We put him on half-drachm doses of fluid extract of damiana, increased to one drachm three times a day, and the result was highly satisfactory in a few weeks. Remarked that he felt able to meet all the demands that the exigencies of a great and flourishing metropolis might make upon him.

Case C.—A young married man of twenty-eight, overworked, anæmic, and had for several years previous to marriage suffered with a subacute urethritis. Organs pale, flabby, and veins of the scrotum enlarged and tough to touch. Discharged his marital obligations at discouragingly long intervals, and then rather from moral considerations than from any selfish and carnal lusts of his own flesh. His chastity of temperament was exciting suspicion at home, and in a profound state of despondency and uneasiness he invoked the aid of medicine. We gave him the following, and all the domestic clouds, in less than a month, dispersed like snow under the rays of an April sun: *R.* Tinct. ferri chloridi, 1 oz.; tinct. nucis vomicæ, one-half oz.; tinct. cantharis one-half oz.; tinct. cinchona comp., 2 ozs. *M.* Sig.—Teaspoonful three times per day, after meals.

"Medicus" may smile at the last well-known combination, but if he wants any one agent (except the potent damiana) to spur up the flagging/reproductive power unassisted, he will have to invoke the shades of the ancient alchemists or go groping back through the dark ages of the art for this desired amulet.

If these various formulas fail after faithful trial, the patient may make up his mind to accept his frigidity with true philosophic composure, and become a Carthusian monk. Or, if domestic tranquility is still disturbed, let him put the other partner on antipodal treatment, and be resigned.—*Medical Brief.*

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#### **Oxalate of Cerium in Pertussis.**

Dr. Morje, in accordance with Dr. Clarke's recommendation, has tried oxalate of cerium in the spasmodic stage of whooping-cough. The results which he has obtained are excellent. Not only was the frequency of the attacks reduced, but their intensity was also lessened, in each case giving the patient a good night's rest, and invariably shortening the second and most severe stage of the disease. The remedy was employed in ten cases, of which seven were females. Two of the cases were complicated with other diseases. The mode in which the oxalate of cerium was administered was always the same, a single dose each day before breakfast. The ages of the patients under observation ranged from one to seven years, and the oxalate was administered in half-grain to three-grain doses. In every case the remedy was continued one week longer than there was any existence of the whoop, to obviate the possibility of a relapse. The advantages claimed for oxalate of cerium are that it decreases the attacks, and thereby reduces the violence of the disease, often checking it instantly. It is easily administered, as only one dose is required in the twenty-four hours. Nocturnal quietude is ensured. The possibility of complications is lessened.—*Ex. Gaillard's Med. Jour.*

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#### **Ointment for Sore Nipples.**

R. Tannin, ʒj; sub-nit. bismuth ʒij; vaseline, ʒj.

M. Sig.—To be applied constantly when the child is not nursing.



**Chancres—Iodoform.**

"All chancres are best treated with iodoform; under its use, healthy sores heal rapidly, creeping generally ceases to spread, and sluggish ones take on healthy action." My own experience, "Practitioner," supports this statement most fully. I cannot explain the manner in which it acts, but that it does have a most remarkable effect in promoting the healing, not only of ordinary chancres, but of many other sores, I can have no possible reasonable doubt. It is what I might call a *reliable* remedy, and often saves one a deal of trouble; its effects seem almost magical. You sprinkle a little of the crystals, powdered or unpowdered, over the sore, cover this with a bit of dry lint, or vaseline spread on lint, and at your inspection next day, you find that healing has progressed rapidly; the sore has filled in considerably if it is a deep one; there is but little discharge and no smell; and you have only to repeat the dressing, and so go on, from day to day, until the healing is complete.—*Western Lancet, August.*

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**Vaginitis—Iodoform.**

M. MARTINEAU (*Gaz. des Hop.*) employs in vaginitis an emulsion made of equal parts of iodoform and oil of sweet almonds. Under the influence of the oil, the iodoform almost entirely loses its odor, to such an extent that it may be employed without the persons surrounding the patient being able to suspect the nature of the dressing.

M. Constantine Paul indicates another process to do away with the disagreeable odor of iodoform. It is sufficient simply to drop a few drops of the essence of bitter almonds upon the iodoform powder.—*Can. Four. Med. Sc., July.*

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**Treatment of Goitre.**

Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty, and one a married woman, aged 40. The dose given was  $\mathfrak{ss}$  three times a day, the tumors entirely disappearing at the end of three months.—*Maryland Med. Journal.*

## EDITORIAL.

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### Neuralgia.

In the case of Mrs. Clarence, reported in the December number of this JOURNAL, we have the following additional history to report: By referring to the December JOURNAL, it will be observed that we left the patient quite comfortable on Wednesday morning, November 17th, at 11:45, after giving her sulphate of atropia,  $\frac{1}{32}$  of a grain. Calling at 8:20 p. m. of the same day, we find her still quiet, and has been resting easy all the afternoon. Ate some dinner, and for supper, at 6 p. m., she took a slice of broiled steak and some potatoes, with a cup of tea. Her eyes still show the effects of the atropine—pupils dilated. We immediately gave her  $\frac{1}{16}$  of a grain of atropine hypodermically, as before. At 8:35, fifteen minutes after taking this, she expressed herself as feeling a "glow of warmth" all over the body, especially extending to the extremity of the right leg. Face a little reddened, and a slight dryness of mouth and throat, but no delirium. At 8:50 she is still quiet—no pain, and feels cheerful and hopeful; thinks she will have a good night. We leave her for the present.

Thursday, November 18th, 1:20 a. m.—called in haste, and found patient suffering from pain, but not so severe as on some previous

occasions. I at once give her  $\frac{1}{20}$  of a grain of atropine. At 1:25 she feels a general warmth all over the body. At 1:35 she expresses some relief from pain, but suffers quite severely by spells; face quite red, pupils dilated, mouth dry, tongue thick—all the symptoms of the constitutional effects of atropine, but no delirium. The pain gradually subsides, and at the end of one hour she only has a stitch occasionally, till 6 a. m., when she is entirely free from pain. She takes her breakfast, and sleeps till 11:20 a. m., when I call and awake her. She feels very comfortable; not a sign of pain anywhere; pulse 90, soft and regular; face pale, pupils still dilated. I now give her another injection of atropine,  $\frac{1}{20}$  of a grain. In five minutes she feels its constitutional effects—a general warmth, and “prickling” sensations in the hands and feet. At 11:35 her face is quite red; pupils more dilated, tongue and lips thick, mouth dry, and calls for drink. These symptoms continue, without delirium, for half an hour, when a general feeling of quiet is enjoyed, the face still remaining red, and pupils dilated. At 6 p. m. am called in haste, and find patient in another paroxysm of pain. I at once give her, hypodermically, sulphate of morphia  $\frac{1}{3}$  grain, combined with  $\frac{1}{40}$  of a grain of atropine. In five minutes she is perfectly quiet, and free from pain. Face slightly reddened—no dryness of the mouth, no nausea, no signs of delirium. At 9 p. m. I find her comfortable, and in a pleasant humor. She says the morphia is much better than atropine. I leave a powder composed of morphine,  $\frac{1}{2}$  grain, and atropia  $\frac{1}{40}$ , to be given per orem, provided she is attacked with pain in my absence.

Friday, November 19th, 11 a. m.—I find the patient asleep. She rested well all night; did not need the dose of medicine left for her. She relished her breakfast at 7 o'clock, and now, when I awake her, she feels quite well—better than she has felt since she was attacked; pulse 80 and natural; eyes look natural. The patient is now more hopeful than on any previous occasion. I give nothing at present, but leave the same instructions as last night. At 5:45 p. m. I am called in haste, and find that a paroxysm of pain came on at 3 o'clock, and that the nurse immediately gave the powder, morphia  $\frac{1}{2}$  grain, and atropine  $\frac{1}{40}$  grain, combined. But it did not relieve the pain in the least. It seemed to affect her somewhat, for her face was red and pupils dilated, but she was crying

with pain and had been all the evening. I at once gave her, hypodermically, morphine  $\frac{1}{2}$  grain, and atropine  $\frac{1}{40}$  grain, combined. In two minutes she felt better, and in five minutes she was perfectly free from pain and had no bad feelings. The redness of her face increased for a short time, and she said she felt an itching of the skin of the face and wrists.

Saturday, November 20, 11:30 a. m.—I find the patient comfortable and cheerful. She had a good night, and has been feeling quite well all day. I give her, hypodermically, morphine and atropine combined,  $\frac{1}{4}$  grain of the morphine and  $\frac{1}{40}$  grain atropine, and leave her. At 9 p. m. she is feeling splendid. She sat up awhile this afternoon, and says she will sit up more to-morrow.

Sunday, November 21, 9:25 a. m.—Patient was threatened with another paroxysm of pain this morning at 3 o'clock, but I had left a hypodermic syringe with her husband, and  $\frac{1}{4}$  grain of morphine, combined with  $\frac{1}{80}$  grain of atropine, and he gave her this when she began to complain, which effectually prevented a severe paroxysm, and she is now feeling quite well.

Monday, November 22, 10 a. m.—Patient feels first rate. Sit up most of the day yesterday, and slept well last night. Had a little pain this morning about 5 o'clock, and her husband gave her a hypodermic injection of morphine and atropine, the same as yesterday morning.

Tuesday, November 23, 6:30 p. m.—Patient has had no pain since yesterday morning, and then but little, as above stated. Slept well last night; has been up most of the day to-day; appetite good. She is taking no medicine.

This finishes this case, as no more paroxysms of pain were suffered. The patient is now well, and requires no morphine or atropine to keep her well. Atropine given with morphine in sickness, has the effect to prevent the establishment of an opium habit.

*Observations.*—Morphia relieves the pain in cases of neuralgia more speedily and perfectly than atropine; and it does so more promptly and certainly when given hypodermically, than when given by the mouth.

Atropine is more effectual in *curing* neuralgia than morphine. The best effects, however, follow the use of these drugs given in combination hypodermically. While the morphine aids in relieving

pain, and does modify the action, it does not impair the virtues of the atropine, or hinder all the good results that might follow the use of atropine given alone. After this I shall use morphine and atropine in combination, hypodermically, in doses of 1-4 grain of the morphine and 1-20 grain of atropine, and am confident the results will be better than if either was given alone. While these doses are safe in most cases, smaller doses should be tried first, and the maximum dose approached by degrees.

I am just now using the new salt, salicylate of cinchonidia, as put up by Wm. R. Warner & Co., and John Wyeth & Bro., and in the one case—a bad case of neuralgia of one side of the head and face, and involving the intestines slightly, the results are quite satisfactory. I had used quinine and strychnia for some days. The strychnia aggravated. The quinine would check the paroxysms, but they would return. The effects of the salicylate of cinchonidia promise to be permanent.

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### Shot-Gun Wounds.

Holy Moses, what a fix I'm in! I've been prescribing drugs from bottles that hadn't specific medicine labels on 'em. Of course my patients got well, but then nobody knows exactly how, for the drugs were not even selected, combined or administered exactly in accordance with the views of the lord of specific medication. One of my prescriptions reads as follows: *R.* Bichromate of potash, gr.  $\frac{3}{8}$ ; elixir of eucalyptus glob., fluid ext. of lycopus, *aa* ʒij; syr. simplex, ʒiij ss. *M. S.* One teaspoonful every two hours. In typhoid conditions and where the evidences of sepsis were plain, and where there was a tendency to hemorrhage, all through the past season we used this combination to great advantage, no matter if the case was one of genuine typhoid fever, or typho-malarial. But we must stop this, for "it won't wash, it won't wash," says Prof. Scudder. And it is "shot-gun, and reads just like some ten or more regular journals that come to my office."—*E. M. Journal*, Dec., 1880.

In the same issue, page 579, Prof. Scudder teaches this: *R.* Donovan's solution (a combination of mercury, arsenic and iodine), gtt. x; tinct. phytolacca, gtt. xx; water, ʒjv. *M. S.* One teaspoon-

ful every three or four hours. Here Prof. Scudder orders, for a child, a combination of four of the most potent drugs in the *materia medica*. No shot-gun about this, eh? Oh, no; this is specific medication; nor does it read like the allopathic journals that come to our office now-a-days, but as they did when Prof. Scudder and I were medical students—in the days of old fogysm—when mercury and arsenic cured everything. But this is specific medication, remember, as detailed by Prof. Scudder, and blindly gulped down by scores of unsuspecting striplings who serve their Lord and Master as never did the disciples of Mahomet. The facts are these: Prof. Scudder would have everybody believe that no simon-pure eclectics can originate, or even exist outside of Cincinnati and its influence. But we would have him understand that we are as thorough bred and legitimately born as he, and have the same rights to select, test and recommend drugs, and to practice and teach direct medication, in which, as a principle, we believe; but we are far from being slaves to the many foolish details thrust upon us by Prof. Scudder, in the shape of mercurials straight, mercurials mixed, shot-guns, smooth-bore, and even air-guns. Think of this, will you: In a bad case of hemorrhage of the uterus he prescribes, “the second decimal trituration of charcoal, in one grain doses every two hours, and arrested the hemorrhage in a week.” These are his own words. Think of it, I say! One-hundredth of a grain of charcoal every two hours, in uterine hemorrhage. What a stretch of imagination!

But Prof. Scudder can go on with his mixtures and infinitismals, and if the reader of his books can find better illustrations of shot-gun practice any where, then we submit. And where is his consistency? He cries, “*Specific medication, pleasant and safe medicines, one thing at a time,*” and abuses everybody that don't preach and practice according to these marks, then turns round and prescribes mercurials and arsenic, asafoetida and aloes, in combination and otherwise, and combines all sorts of drugs, mixing from two to six articles, and sometimes more, in one bottle. My private opinion is that he had better mind his own business, and if he has any spare time he'd better be looking out for a more successful plan of treating typhoid and typho-malarial fever than we have given him.

The eclectic branch of the profession has enough to do in representing fairly and plainly their improved methods of observation

and practice, and its members should endeavor to aid and sustain each other, and make united efforts in exposing falsehoods, building up our schools, and spreading our principles. But Prof. Scudder seems to see no use in helping the *cause*. His aims are plainly in a direction that have a tendency to impair the interests of every body but Scudder.

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### **Erysipelas—Eucalyptus Globulus.**

On Thursday evening, November 18, 1880, I was called to see Mrs. Newman, age 30, of previous good health, and now nursing a babe six weeks old. Upon approaching the patient, I observed that her face had been painted with tincture of iodine, and was very much swollen. Upon inquiry, I learned that the woman had been sick since Saturday of November 13, gradually growing worse daily, and that for three days the erysipelatous swelling and inflammation referred to, had been making its appearance and spreading. No doctor had been called. The iodine had been applied at her own suggestion. She now has a low grade of fever; the tongue is dry, sordes on the teeth, breath offensive, pulse frequent and feeble, bowels loose, and the patient delirious nearly all the time. One eye is entirely closed by the swelling, and the other nearly so.

Having observed so frequently the past season, the favorable results following the use of eucalyptus in typho-malarial, typhoid and other fevers where a septic condition was manifest, I determined to test it in this case, and prescribed: R. Elixir of Eucalyptus,  $\bar{3}$  ss; syr. simplex,  $\bar{3}$  jss; water,  $\bar{3}$  ij. M. S. One teaspoonful every hour. Nothing else except plenty of water to drink. No local applications.

Friday, November 19, 9 p. m.—The patient has been restless, and the bowels are still loose. Pulse not quite so frequent, tongue not quite so dry, swelling going out of the face, and better of the delirium. Continue same treatment.

Saturday, Nov. 20, 2:30 p. m.—I find the patient much improved. She has but little fever, tongue moist, sordes all gone from teeth, bowels quiet, swelling rapidly leaving the face, and is rational all the time. Continue same treatment; only give a dose of the medicine every two hours.

Sunday, November 21, 3 p. m.—I find the patient sitting up by

the fire. No fever, bowels quiet swelling nearly all gone from face tongue moist, appetite returning, feels quite well, only very weak.

We certainly have in the Eucalyptus, one of the best therapeutic agents that has ever been discovered. It is the best remedy we have in low fevers, where sepsis is a prominent element. We find place for it in the treatment of typho-malarial and typhoid fevers ; in erysipelas, diphtheria, scarlet fever, small-pox, and wherever a soothing tonic and powerful antiseptic is needed. It is not to be regarded as an antiseptic in the same sense that we apply this term to bichromate of potash and carbolic acid ; but it effectually retards the disintegration of the animal fluids and tissues in the class of diseases above-mentioned, which might result in a general breaking down of the blood, and eventually in death.

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#### **The Combination of Drugs vs. Single Remedies.**

Just now there seems to be a tendency on the part of many physicians to take extreme grounds upon the subject of single remedies. They give but one thing at a time, no matter what the conditions or complications may be. Where they are forced to see indications for drugs whose range and sphere of action are quite different, they give them in alternation, sometimes giving from three to half a dozen drugs in the course of an hour or two, with intervals of from fifteen to thirty minutes between medicines. These remedies are given for the purpose of influencing, in some way, different organs or functions of the body, and it is thought by some that better results follow the use of these remedies given singly, although the interval between doses may be short. We used to have just such notions as these, but a careful observation in a daily practice covering twenty-four years has weakened our faith in this hypothesis. I know this, however : in many cases physicians are in great haste to do something, and that they may accomplish much in a short time, they are frequently urged to give too much medicine, and, as frequently, order too many articles given in the same dose. A few remedies that are clearly indicated will accomplish more than a score carelessly prescribed. But while we admire direct and simple prescriptions, we know that remedies may be well applied in combination in many cases, and that the results of such practice is entirely satisfactory.



While it is true that certain drugs have a special affinity for, or increase or diminish the functional activity of certain organs of the body, it is no less true that these same drugs influence other organs of the body at the same time, but in a less degree. If single drugs produced single effects, and if it were possible to produce single effects upon single conditions, then we might talk about confining ourselves to single remedies; but while we find complicated conditions, calling for drugs of different therapeutic properties, we can see no impropriety in giving them in combination, especially when they are chemically compatible. We repeat, that while we detest the careless compounding and mixing of a dozen or more drugs in a single prescription, we cannot see the value of so much fuss about polypharmacy. The truth is what we want, no matter who it is from, and if we are told and find by experience that morphine and atropine form a valuable compound to be used hypodermically in painful conditions, the combination being better than either drug used singly; if Prof. King tells us, and we find it true by experience, that partridge berry, helonias, high cranberry and blue cohosh, form a reliable combination to be used in certain cases of female disease; if Prof. Potter has found a combination of bromide of ammonium, ipecac, ginger, aconite and colchicum, to answer well in many cases of rheumatism; if Prof. Howe finds such combinations as paraffine, oil of juniper, Fowler's solution, white wax and lard, in certain proportions, all mixed together, giving good results; or a combination of syrup lacto-phosphate lime, Fowler's solution and tinct. ignatia to be useful in certain cases; or if Prof. Scudder tells us, through his specific medication, page 119, that a combination of tinct. cypripedium, comp. spts. lavender, tinct. of lobelia and simple syrup, a compound containing ten ingredients, makes an "admirable soothing syrup;" or, as found on page 85, specific medication, that asafoetida, hydrastive, aloes, and a lot of other nasty stuff to hold them together, make an "excellent pill for nervous dyspepsia," we should feel pretty well heeled, and it seems to us that this should be evidence enough to settle the question that more than one medicine may be given at a time, and that to good purpose. Of course, where one remedy will answer our purpose, we are in favor of that one remedy to the exclusion of all others, but where we can make use of more to advantage, and can make

combinations that are compatible, we should invariably do so. Now, this seems to us to be the true ground—use as little medicine as possible, and that in the most pleasant and acceptable form; one thing at a time when it will answer, but never sacrifice business, utility, the health of your patient, for mere convenience or the gratification of fanciful doctrines. At least, let us be consistent.

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#### **The American Medical College.**

As already announced, the spring session in this institution will commence on Monday, January 17, 1881, and continue twenty weeks. This spring session will be as thorough as any winter session, and students otherwise qualified can graduate at the close of this session the same as at the close of winter sessions in other colleges.

For further information send for catalogue as per advertisement in this issue of the JOURNAL.

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#### **The State Meeting.**

On Thursday, January 13, 1881, at 10 o'clock, a. m., the Eclectic Medical Society of Missouri will meet at 310 N. 11th street, St. Louis.

A full notice of this meeting was published in our December issue, and it is to be hoped that a large majority of the members will be present. And those who are not members, and members of other State societies, Illinois and Kansas, and other States, are cordially invited to be present and take a part in this meeting. Let us have a full turn-out and a good time.

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### **MISCELLANEOUS PARAGRAPHS,**

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#### **Meeting of the Montgomery County Eclectic Medical Society.**

The Montgomery County Eclectic Medical Society met at the office of Dr. R. F. Bennett, in Litchfield, at 10 o'clock, a. m., Tuesday, November 16, 1880. Meeting called to order by Dr. W. H. Hobson, Vice-President, and the following members responded at roll call, to-wit :

Dr. W. W. Duncan, Drs. R. F. Bennett and J. Clearwater, Litchfield; Dr. W. P. Marshall, Hillsboro; Dr. H. S. Short, Fillmore; Drs. J. T. Koen and F. M. Cox, Walshville; Dr. J. H. White, Fillmore; Drs. T. W. Williams, Litchfield; Drs. R. B. Ault, W. H. Hobson, Irving; Dr. W. D. Matney, Harvel. Minutes of last meeting read and approved.

Drs. Duncan, Ault and Short were appointed a Committee on Credentials, and reported the name of Dr. J. H. White, of Fillmore, who was duly elected to membership in the society.

The society then took up the programme, and the following papers were read and discussed:

Diphtheria and its Treatment: Dr. R. F. Bennett. New Remedies: Dr. R. B. Ault. Chronic Diseases: Dr. J. Clearwater.

There was considerable discussion, especially of Dr. Clearwater's paper, which was read in a very impressive manner by G. W. Jones, Esq., of Litchfield.

The society adjourned to the Bowlby House for dinner, to meet again at 1 o'clock, p. m.

Afternoon Session.—The society was called to order by Dr. S. H. McLean. The programme was taken up. Dr. M. S. Clyde, of Mt. Olive, Macoupin county, entered. A very interesting paper on puerperal convulsions was read by Dr. H. S. Short, and was discussed by Dr. Bennett in an able manner.

Dr. Hobson was called upon for a paper on diagnosis, and made a verbal report which drew out a general discussion, participated in by several members. Reports of cases: Report of Dr. J. T. Koen, two cases, one of Hemorrhage, one of Pseudo Membranous Croup. Dr. Matney reported a case of Tetanus. Dr. Bennett offered the following resolutions, which were adopted:

*Resolved*, That members of this association, who have absented themselves from our last two regular meetings without sufficient excuses, be notified that if not present at our next meeting, or have in the hands of the secretary sufficient excuses, will be dealt with according to our constitution.

*Resolved*, That each member of this association report to the secretary some subject that he will furnish a paper or verbal report on at our next meeting.

Programme for next meeting: Spermatorrhea, Dr. W. H. Hob-

son; Venereal, J. H. White; Surgery, R. B. Ault; Chloral Hydrate, T. W. Williams; Pneumonia, W. W. Duncan; Rheumatism, R. F. Bennett; The Last Resort, J. T. Koen; Specific Medication, S. H. McLean; Diseases of Children—report of cases, H. S. Short; Cholera Infantum, W. D. Matney; Chronic Disease, J. Clearwater.

Adjourned to meet at Hillsboro on the third Tuesday in May, 1881.

S. H. McLEAN, M. D., President.

W. D. MATNEY, M. D., Secretary.

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### **Insanity Occurring in the Puerperal State.**

Prof. Arnold, College of Physicians and Surgeons, Baltimore, details a variety of cases of puerperal insanity, concluding as follows, regarding treatment: According to general experience, it is acknowledged that among the various species of insanity, the acute forms of melancholia and mania are the most amenable to treatment. Both have a natural tendency towards recovery, and frequently yield to judicious management and a well-directed course of therapeutics. The great desideratum in acute delirium is to counteract nervous exhaustion. Among the best reputed remedies for this purpose are sedatives and hypnotics. Chloral hydrate stands certainly at the head of this class of remedies, and must be given in very large doses. In cases where the cerebral excitement is incessant and of a high grade, the well-known plan adopted by Graves may be followed. He prescribes in these desperate cases large doses of tartar emetic and laudanum in combination, and in rapid succession, until a decided impression is made upon the system. Cold applications to the head in the form of the ice-bag or helmet, and cathartics, seem to be indicated, but cannot be relied upon in these cases, which are apt to run a rapid course and to terminate fatally.

Digitalis is much employed in hospitals in milder forms of maniacal excitement. My experience with this drug in such cases speaks much in its favor. The medical treatment of chronic melancholia as it occurs in the puerperal state is unsatisfactory. There is a general agreement among alienists that opium or its preparations exercise no apparent beneficial influence in this form of insanity under any condition. The depressed mental state of the melancholic

would rather call for a supporting treatment, and this is attended with much difficulty on account of the opposition which this class of patients offer to sufficient feeding. In fact the greatest dependence in the management of such patients is placed upon proper alimentation. Tepid baths have a soothing influence, and are therefore highly recommended in severe cases of melancholia.

The question of sending insane patients to an asylum will always rise in cases which are chronic from their beginning, or become so in the course of the disease; and as the decision in such cases occurring in the puerperal state rests with the attending physician, he must exercise his best judgment. I have always followed the practice of recommending the benefits of a well-conducted lunatic asylum to those of my patients whose malady gave evidences of unmistakable chronicity.—[*Maryland Med. Jour.*, June 15.]

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#### **Therapeutic Uses of the Bromides.**

Rosenthal gives the following summary on this subject:

*Bromide of potassium* ought to be frequently suspended, because it produces loss of tone in the stomach, debility and precordial pains. While it, in small doses, increases the appetite, in large doses it disturbs it, and consequently should be given largely diluted with milk.

*Bromide of sodium* is a preparation very salt and better tolerated by the stomach, and should be given in preference to old people, nervous people and children.

*Bromide of ammonium* is good in epilepsy and affections of the glottis, but is not superior to the other bromides.

*Bromide of camphor* moderates the action of the heart, and is good in alcoholism, in doses of fifteen to thirty grains.

*Bromide of zinc* cannot be given in pills, and is inferior to the other bromides.—[*Virginia Medical Monthly*.]

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#### **The Temperature of the Breath.**

A good deal of curiosity is being expressed in regard to the apparently high temperature of the breath under certain conditions. If we take an ordinary clinical thermometer, wrap it up pretty

tightly in several folds of a silk handkerchief, apply it closely to the lips and breathe gently through the silk just over the bulb of the thermometer for about five minutes, always making the inspirations through the nose, we shall find that the thermometer will show a temperature ranging from 101 to 108 deg., or even 109.5 deg. Dr. E. S. Clark first called attention to these phenomena in the "*Medical Herald*." The facts are corroborated by Dr. Dudgeon in the "*Medical Press and Circular*."

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### **Blackberry Cordial.**

Blackberry cordial is usually made from the berries, not from the root. The following gives a good preparation :

Crushed blackberries, 1 gallon; brandy, 1 gallon; sugar, 2 pounds.

Macerate the berries with the brandy for five or six days, express the liquor, add the sugar, and, after two weeks, decant or filter. A good and efficient diarrhoea cordial can also be made from the blackberry root or its fluid extract, but it would not be the article expected by the public when they ask for blackberry cordial. The following makes a preparation pleasant to the taste, and at the same time of great value in diarrhoea, summer complaint of children, and similar affections :

#### **ELIXIR OF BLACKBERRY ROOT.**

Blackberry root, 2 ounces; cloves, 1 drachm cinnamon, 1 drachm; simple elixir, sufficient.

Exhaust the drugs by maceration or percolation with enough of the elixir to obtain one pint of preparation. In place of blackberry root, two fluid ounces of its fluid extract may be substituted. The dose of the elixir would be from one to four fluid drachms. A remarkable property of blackberry root is that, although to the taste it displays but little astringency, it is more efficacious than other drugs richer in tannin, such as oak bark, alum root, etc., and in its after effects seldom causes the costiveness which is so often experienced with the more powerful astringent medicines.

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### **Vomiting in Pregnancy—Nit. Argenti.**

Dr. Welponer states, in the *Wein. Med. Woch.*, May 22, 1880,

that in consequence of a recommendation of Prof. Braun-Fernwald, who has several times found it useful in private practice, he has met with excellent success, in three cases of obstinate vomiting in pregnancy, which had resisted all other means, from the application of a ten per cent. solution of nitrate of silver to the vaginal portion of the cervix uteri. He keeps the solution in contact for five minutes, and then dries the parts with cotton-wool. The application requires to be repeated several times at intervals of two or three days; but its ultimate success is remarkable.—*Med. and Surg. Rep.*, Aug. 28.

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### **Gleet.**

Having hit upon a remedy with which I am having good success in the treatment of this disease, I deem it my duty to place it before the readers of your valuable journal. It is the following: *R.* Zinci. Sulph, 12 grs.; tinct. Iodine, 10 drops; aq. dist., 8 ozs. *M.* sig.: Inject four times a day. Also,—*R.* Ext. Uva Ursi fld., 3 ozs.; ext. pareira brav., 1 oz.; ext. cascara sag., 2 ozs.; syr. auranti, 2 ozs.; aq. q. s., ad 8 ozs. *M.* Sig.: Teaspoonful three times a day before meals. I consider this an invaluable remedy in obstinate cases.—*S. L. Blake, M. D., San Francisco, Cal., in Medical Brief.*

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### **Pruritus Vulvæ.**

Dr. Mackenzie remarked that, as the treatment of pruritus vulvæ had been discussed at the last meeting, he would give the plan of treatment which in his hands had yielded the best results. When a parchment-like membrane existed, he made local application of an ethereal solution of iodoform in the form of spray. It produced no pain, and was very rapid in its action. Dr. Warren said he had used iodoform in an ointment in these cases, and that the results were more satisfactory than from anything else he had tried.—*N. Y. Med. Jour.*

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### **Paraphimosis—Simple Mode of Reduction.**

In very difficult cases, where ordinary means fail, Dr. Bardinet (*Le Practicien*) proceeds as follows: he takes a hair pin, presses the points together somewhat, and inserts the curved end under the

strangulation back of the gland. He then applies a second and a third at intervals around the gland; then, drawing the prepuce forward, reduces it with great facility, the skin sliding over the three bridges without obstruction.—*Canada Lancet*.

S. S. T.

**Des Moines and Illinois District Medical Association.**

HAMILTON, ILL., October 25, 1880.

*Prof. G. C. Fitzer, M. D.:*

DEAR SIR:—At the special session of the above named Association, held here October 14th and 15th, it was voted to change the time of holding the annual meeting, from December 27, 1880, to the second Tuesday of January, 1881, in the city of Keokuk, Iowa. Headquarters at Dr. Steinberger's. Special rates will be secured at the Hardin and Barret houses, including rooms, use of parlors, etc.

A good hall will be secured for the sessions of the Association and evening lectures.

All subscribers to eclectic journals residing in Northeast Missouri, Southeast Iowa and Western Illinois, who affiliate with the movement, will please correspond with the secretary by card.

By order of the President,

H. M. HAMBLIN, M. D., *Secretary*.

**Freckles.**

Take of finely powdered sulphophenate of zinc, one part; oil of lemons, one part; pure alcohol, five parts; collodion, forty-five parts. Mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin diseases.—[*Pharmaceut. Zeitung fur Ruos*; *Maryland Med. Jour.*]

**For the Removal of Tan and Freckles.**

Dr. J. Nevins Hyde endorses the formula of Prof. White.

R. Hydrarg bichlorid, grs. vj; acid muriat. dil., 3i; aq., 3iv; alcohol, aq. rosæ, aa. 3ij; glycerine, 3j. M. Apply at night, and wash off the skin with soap in the morning.



**Married.**

On November 18th, 1880 at Girard, Ill., at the residence of the bride's parents, Mr. E. G. McKinney and Miss Laura Simmons.

Miss Simmons, now Mrs. McKinney, is the daughter of Dr. A. Simmons, of Girard, Ill., who is one of the leading physicians in this part of the State. He has enjoyed a liberal patronage here for many years, and is very much worn from active duty in his profession; but his son, A. H. Simmons, who is now an earnest student at the American Medical College, preparing to take his father's place.

Mr. E. G. McKinney and wife have our best wishes, and shall ever be remembered, and especially shall we retain the pleasant recollections of a huge box of a full variety of the wedding cakes, so kindly presented to us by the bride, through the politeness of her brother. Many thanks. Cakes make editors smile.

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**Vaccine Virus.**

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**Art. V.—Yerba Santa.**—By A. W. BIXBY, M. D.

This is an agent that I have used extensively and with gratifying results. For chronic cough with profuse expectoration it is *the* remedy. It matters not whether the cough and expectoration are the result of chronic laryngitis, pharyngitis, bronchitis or nasal catarrh, the same happy result will be attained by its continued administration, *i. e.*, a lessening of expectoration and cough is soon induced, and ere long a normal condition of the affected membrane is produced and a permanent cure thus realized. I use the fl. ext. yer. san., and have learned to put it up in a pleasant and efficient form. At first I could not do this nor could I learn from the MEDICAL JOURNAL how to prepare it. It was recommended to add acetate pot. to the mixture made of yerba and syrup or glycerine, but that did not make a desirable prescription. The drug contains an oleo-resin that is not soluble or miscible in syrup, water or glycerine alone. By experimenting I found that by uniting equal portions of fl. ext. yer. san. and fl. ext. pinus canadensis, and then adding syrup, glycerine, arom. elixir, a pleasant and efficient preparation was secured. The pinus can. is an agent of considerable power in the abnormal conditions in which the yerba san. is strongly indicated, hence is therapeutically compatible whenever the yerba may be administered.

The following is a usual formula for chronic cough with profuse expectoration: R. Fl. ext. yerba santa; fl. ext. pin. canadensis,

*aa* 3 iv; glycerine or sim. syr., 3 iij. M. Sig. Teaspoonful every three or four hours. If there is hæmoptysis I add fl. ext. hamamelis 3 iv to the above. If the expectoration is tough, tenacious and hard to raise, add comp. tr. sanguinaria, 3 iv.

Of course, in treating a case as above indicated, there may be other underlying lesions that must be remedied before a cure can be effected. The patient must be thoroughly examined, and any other coincident or auxillary treatment adopted that may be indicated, if we would be eminently successful in lasting results.

With an atonic condition of the mucous membrane of the alimentary canal, accompanied by hemorrhoids or leucorrhœa, the yerba santa is a very efficient remedy.

The following has effected cures in very stubborn cases of long standing, of both hemorrhoids and leucorrhœa. R. Fl. ext. yer. san.; fl. ext. pin. can; fl. ext. hamamelis, *aa* 3 iv; glycerine q. s. to make 3 jv. M. Sig. Teaspoonful four times a day. If constipation exist, cascara sagrada should be given in sufficient quantity to keep the bowels regular. Half ounce fl. ext. of cascara may be added to the above, or it may be added to aromatic elixir and given in sufficient doses, before eating, to overcome the constipation.

The above may look like "shot-gun" prescribing, but if viewed from an impartial standpoint, by one who understands the action of the drugs entering into the prescription, it will be cleared from such an imputation.

I believe in specific medication, but it is not necessary to confine ourselves to the single remedy rule in order to be specific. The reader will perceive by a moment's reflection, that the abnormal conditions in which yerba santa is recommended, are of such a nature as to require treatment for several weeks or months. Consequently, in treating such cases, we must impress the patient that time is necessary to cure them. Many physicians fail to cure chronic ailments from a lack of persistency, continued *persistency*. If a physician prescribes yerba santa for every cough he is called upon to relieve, he will often be disappointed. But let him select cases as above indicated, and by and by he will not practice without it.

McPHERSON, KAS.

**Art. VI.—Annual Address.**—By E. YOUNKIN, M. D., President of the Eclectic Medical Society of Missouri.

*Gentlemen.*—As a body of practitioners, there must be, necessarily, something distinctive in our school. The questions are often asked, "What have you done? What is your distinctive plea?" If we have done nothing, and if nothing remains as a question of difference between us and other branches of the medical profession, then our mission has been a failure, and it were better that we subside or merge into some other more dominant school of medicine, for I am not in favor of keeping up a distinction where there is no difference.

We started out as reformers in medicine. As such we have endured the odium which usually surrounds that word, and, having endured the odium, I think we are justly entitled to whatever laurels we have obtained through victory.

I am free to confess that the poles-apart are not what they used to be. All the medical schools have modified to some extent, and to-day there is a gradual disposition to approach each other. The millennial day may not be far distant and none will be more willing to hail that period than our branch of the profession. When medical theories cease to fluctuate then we can talk of medicine as a science, but until then we are bold to assert that no one party shall monopolize all the wisdom.

We started out in our reformatory plea by waging a war upon the practice of blood-letting. The contest was most fairly and fearfully made. When the smoke of battle cleared away the pillar of victory rested in the camp of eclecticism. To-day there is scarcely a vestige of this absurdity remaining.

Our next engagement was upon the indiscriminate use of mercury. Calomel at that time was the panacea to almost every ill. Salivation flowed from the lips of every patient, until the soft tissues dropped from their osseous attachments, and the victim stood grinning in mockery, pointing to the grave as the only hope of relief. This battle grew fearful and lasted long, and many supposed that our only plea rested in podophyllin *versus* calomel, with curses upon allopathy. The question was finally settled by the old school restricting the use of mercury, and the new school claiming the right to use it, if, in their judgment, it seemed at any time to be the best remedy.

The next battle of the schools was upon the best method of removing morbid conditions. In contradistinction to the common practice of antagonism, we began to sustain the *vis medicatrix naturæ*. Instead of depressing the vital force of our patients, we used sustainants. Instead of closing the windows and corking the key holes, we let in the pure air and sunlight. Instead of famishing for drinks, we gave our patients the sparkling waters. The per cent of our recoveries was truly marvelous. And seeing this the enemy soon indorsed our course, and to-day there is but little disagreement upon this point.

Aside from these we have introduced a host of new remedies, which have taken the place of the old line of medicinal agents, notwithstanding the fierce opposition they met with at the time of their introduction.

These reforms in medicine were evidently due to the movement set on foot by our school of medicine, and thus far we have accomplished much.

Had not eclecticism been progressive in its spirit, we might ere this have coalesced with other schools, but we are continually keeping up a reformatory, distinctive plea.

A few things now as to the present differences between us and our neighbors.

*First. The Shot-Gun Practice.*—In the beginning, our prescriptions, like the dominant school, were as long as the moral law. We mixed from fifteen to twenty drugs together; and that, too, with the view that if one article did not strike the center of disease another might. Upon a review of the *materia medica* we have been led to believe that each drug has an action of its own, and when that property is known and the diagnosis of our case is correct we can cure with one drug at a time as well as if a hundred were given.

The whole question, therefore, turns upon a direct medication and a correct diagnosis.

We now claim that we have the matter reduced to this: One article at a time when there is a correct diagnosis. Two articles will do, when, by their blending, we desire to form a third potency. Three articles at a time when we are in doubt as to our skill in diagnosis, and fifteen articles at a time when we know that we don't know what the trouble is!

In this city it once happened that I gained access to a certain physician's prescriptions, given in the case of a girl of twelve years. Upon the first visit the doctor wrote a prescription comprised of eleven different drugs ; upon the second visit his prescription contained thirteen drugs ; upon the third visit he prescribed a combination of fifteen drugs. I became curious to know what would be prescribed upon the fourth visit, but the patient died the night previous and I was deprived of tracing the geometrical progression any further.

This gentleman is a teacher in a medical college, and I am sure we can all divine as to what gun the young *Æsculapians* will first learn to shoot.

The number of agents in a doctor's prescription may show a wonderful lore in *materia medica*, but it sometimes tells most shamefully upon the knowledge of his diagnosis.

*Secondly.* The spirit of our branch of the profession is truly American, and is in strict harmony with the spirit of this great republic. This cannot be said either of allopathy or homœopathy. Allopathy was conceived in the European country and brought forth under a monarchy. It migrated to this country when it was full grown, and like an aged foreigner, its dialect and manners never fully conformed to the genius and progress of American chivalry.

Homœopathy was born under like circumstances but it came to this country while yet a stripling. It came early from under the influences of a monarchical government, and hence did not imbibe so freely the domineering power.

Eclecticism grew from the very necessity of things. It came forth as the embodiment of public yearnings. The sentiment of the people demanded it and it sprang into being as the child of a free country. With America as its fostering mother, it carries with it the spirit of progress that characterizes this country.

I love it because it gives me the advantages of free thought and free speech. I love it because it allows me to practice my profession without limitation. I love it because it seeks not to stultify my head, my heart, or my hands. It tells me to use my own intellect as well as the experience of others. It tells me to extend a hearty shake of the hand to all who seek the upbuilding of medical science. It tells me to reach out my hand and pluck from every tree, root

and herb of the vegetable kingdom—from the rocks and caves of the earth, the great mineral storehouse—from all sources, whatever will cure or palliate disease. When other schools of medicine reach up to this standard, then, and not till then will our mission be ended.

Now, gentlemen, there are some matters of a more local character to which I desire to call attention. In speaking of conflicts from without we must not forget that our main differences are from within. If we are ever destroyed the elements of that destruction are, in my judgment, within our own body.

Upon this part of the subject you must allow me to speak freely.

We have laid our claims high. We have been "reformers," and sometimes boast of our "liberality" and "progress." Whilst these elements may act quite harmoniously, they may be set to oppose each other. I fear sometimes that the idea of liberality which some possess may not only impede, but entirely kill our progress. We boast of the liberty of this American government, but that liberty still has its check upon an outrageous violator of law. We cannot violate rules of order and decorum, even in a free country. This country would allow a man to keep a pet skunk if he chose to do so, but he would not be at liberty to turn it upon his neighbors.

This illustration may not be an exact parallel to our case, but the pests of the medical profession being turned loose upon the world, they have sought refuge within our enclosure.

This is the twelfth year of our state organization. During this period our strength has gradually increased. We have grown with the growth and progress of our country. Never before in its history has our organization been as complete as at the present. The physicians of our State have hitherto taken comparatively little interest in our state association. They started out with a kind of "*go as you please*" method, and under this chaotic state of things a covert has been afforded for a class of men who have been in no way an honor to the profession. I mean to say, gentlemen, that our liberty has created an undue laxity in matters relating to the rules of a legitimate practice.

It is a common thing for a mountebank to start across the country giving out that he is some eclectic doctor. He does not assume

this name as a matter of choice, but rather as a necessity, for if he had assumed to be allopathic, his conduct would be in direct violation of their avowed principles, and he would at once bring down upon himself their anathemas. Here our liberty has been used as a cloak, and without our State organization we have had no chance to rid our skirts from such material.

I am glad that the time has come when no argument is needed to convince the physicians of our State that in union and association there is strength.

We have stood still long enough to see what others might do for us. We have been derelict in our duties before the law and before the stations of public trust. Having waited for something to turn up, and not being turned, it becomes us to turn it up for ourselves. Then, if we have any God-given rights, let us rise with the strength of pen and tongue and plead for those rights.

So far as the practice of medicine is concerned, we ask no favors; we can cope with those around us. Our success in the treatment of disease has given us a prestige with the people and has distinguished us thus far. Again, the laws of our State give but little protection to a legitimate medical practice. Better, it is true, than it was in former years, but poor enough still.

*First.* A charter may be obtained in this State to run a medical college under the care of any particular school, as allopathic, homœopathic or eclectic, and that, too, at the very great discredit and discomfort of the earnest and worthy practitioners of the State. As an instance of this kind, allow me to advert to a notice in one of our city papers of yesterday. The article alluded to, was headed "A Split in the St. Joe Medical College." It seems that a quarrel arose among the professors of this allopathic college. One of the parties announce their intention of forming a new college, thus having two allopathic colleges in St. Joseph. We shall not discuss the merits or demerits of this college, but such are the conditions of the law that two or three rogues may collude together, obtain a charter, and run a medical college without even a corps of professors or a course of lectures, and that, too, whilst they are not in good standing in any medical school, and not recognized by the State Medical Society or State boards of health. Gentlemen, every school or branch of the profession has been thus cursed, and to-day



our own has been suffering with an old blister which has existed for years, notwithstanding this society made an expose of it some three or four years ago. Our caustics have not entirely eradicated the old carcinoma, because it sucks a semi-nourishment from the flabby tissues of our State laws.

The evil of bogus medical colleges can be remedied by making it binding upon all that no charter shall be granted without first presenting a petition to the law makers, said petition to be signed by at least fifty practitioners of the State, who shall be in good standing and who shall be members of their State society, which society must first be recognized by the National Medical Association.

*Secondly.* The laws of our State permit men to practice medicine who are totally ignorant of the first principles of that profession.

A few examples here will, perhaps, not be out of place.

A member of this society informs me that he met Dr. H. some some time since who stated that his brother was very sick. Upon inquiry as to what was the matter, he replied that his brother was suffering with *puerperal fever*.

A certain Dr. M. lost a case by death and in making out the burial certificate the cause of death was assigned to *pneumonia of the brain*.

A man up the country cut his leg, severing the internal saphenous vein. Dr. B. being called in, very gravely decided that the *jugular vein* was severed, and unless tied the patient would die.

A lady gave birth to a child under the care of Dr. P. After some concealed manipulation the placenta failed to put in an appearance, whereupon another legally authorized non-graduate was called. Still the doctors did not succeed. Finally, Dr. D., a member of this society, was called, a distance of ten miles. Dr. D., upon his arrival, was informed by the first physician in attendance that the afterbirth had grown fast (a very common excuse). Dr. D. found the placenta lying loose in the vagina and only wanted a helping hand.

A similar case came under my notice, wherein the quack was feeding the patient on slippery elm with the hope of sliding the placenta away. The child had been born nine hours previous to my arrival, and was still attached to the placenta, but the doctor declared he had never seen the like before.

These men may have been in practice before the present law was in force, and no law can be retractive, but I am in favor of limiting this class of men. Give them five years to qualify and obtain their diploma from some reputable medical college, or otherwise cease their impositions.

I understand that the allopathic society of this city have started on foot a movement to construct a law in the State of Missouri, similar, in every respect, to that of Illinois. If this is the best we can do, then I am in favor of it ; but I believe it has many defects. I love its stringency, but do not like its partiality and its authority. Its partiality is inclined too much to party, and its authority allows too much scope to the board, who might do an evil if they would. I believe that the practice of medicine can be better regulated by the appointment of three boards, allopathic, homœopathic and eclectic. Something similar to that of Kansas, but no power should be given to these to allow an individual to practice medicine without first obtaining his diploma from some medical college in good standing. I would suggest, gentlemen, that before this meeting closes, you, as a society, express yourselves upon these points and incorporate your sentiments in the form of some resolutions, and, if deemed best, to make further effort to have the same before the present Legislature of this State for their final action.

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#### **Art. VII.—Medical Legislation.**

At the meeting of the Eclectic Medical Society of Missouri, in St. Louis, January 13th, 1881, the following preambles and resolutions were unanimously adopted, as expressing the sentiments of the society on the subject of abuses requiring medical legislation.

WHEREAS, Respectable eclectic physicians, both in this city and throughout the State, have been annoyed and injured by the scandalous and unprincipled course of persons fraudulently claiming to teach and represent the principles of our school of medicine ; and

WHEREAS, The authorities seem powerless, under existing laws, to prevent the continuance of such abuses ; therefore,

*Resolved*, That we urge upon the State Legislature the enactment of a special law governing the incorporation and continuance of medical colleges with a view to the prevention of this and similar

abuses. That we believe this may be attained by defining in such enactment the necessary conditions upon which the degree of doctor of medicine may be conferred, including curriculum, length of session, time of attendance and formal examination, and that a non-compliance with such conditions shall upon conviction, after indictment and trial in due form, be punished by forfeiture of charter.

*Resolved*, That while we do not believe it possible to secure by legislation equal excellence either in teaching or learning, we will indorse and support any enactment which will remedy the evils incident to existing laws, and which is based upon *the equitable representation of each school of medicine in all boards of administration, examination, or analagous position under State or city control*, and which *does not infringe the rights of any citizen*.

*Resolved*, That a committee of three be appointed to confer with similar committees from other branches of the profession, with a view to securing such equitable legislation, and that we invite the co-operation of the American Medical College, of county and local societies, and of eclectic physicians throughout the State.

The undersigned were appointed the committee under these resolutions. On the following day, January 14th, a circular was issued by a committee acting under instructions of the St. Louis Medical Society (allopathic), stating that they had prepared three bills for legislative action. One of these provides for a state board of health, another for regulating the practice of medicine, and the third for registration of births, deaths and marriages; "and that such bills were *now before the General Assembly*." They continue by asking the *immediate* indorsement and support of the profession through their representatives "to secure this wise legislation in behalf of the vital, sanitary and medical interests of the State and the welfare and security of our noble profession."

As these bills *were prepared without the knowledge and without consultation with other branches of the profession*, and as the society *were not informed as to their details*, its indorsement could not consistently be given. Not desiring, however, to oppose or delay, needlessly, legislation which they recognize as necessary, their committee were instructed to prepare a circular embodying the position of the eclectics on the subject, in *order that all proper influence may be exerted towards the recognition and embodiment of these claims*.

All branches of the profession would *be equally affected by the proposed legislation*, and it is but equitable and just *that each should have a voice in deciding what* should be its nature. Physicians of both eclectic and homœopathic schools represent a large and respectable portion of citizen tax payers, whose *wishes demand recognition* in all legislation by which they may be affected financially or otherwise. The following embodies in a general way the views of eclectics as to enactments needed.

*State Board of Health*—1. A board of health composed of five members, three only of whom shall be physicians, representing the three branches of the profession.

The medical members to be appointed by the governor on recommendation of the state medical societies and confirmation by the Senate. The non-medical members to be appointed from among nominations made by the incorporated social science associations and non-medical colleges and universities of the State; such appointment to be confirmed by the Senate.

The persons so appointed to hold office for five years, provided however, that the term of one member shall expire December 30, of each year, the vacancy to be filled as above provided. This board to have the general supervision of the interests of the health and life of the citizens of the State, and to have authority to make necessary rules and regulations pertaining to sanitary conditions of cities, public buildings, sewerage, quarantine, to supervise the registration of physicians and accoucheurs, the registration of births, deaths and marriages, to make up forms and recommend such legislation as shall be deemed necessary for the collection and preservation of vital statistics.

The board to receive their actual expense during sessions, mileage, and a per diem that will command the services of the most competent men. To hold meetings quarterly, or oftener on emergency. Length of session to be limited, and only extended under certain restrictions. The medical members to constitute a board of examiners, whose duties are to be prescribed in the medical practice act.

*An Act Regulating Medical Practice*.—2. Providing for registration of graduates of colleges in good standing when their diplomas were issued. Of practitioners, non-graduates, of ten years reputable

practice in the State. Of persons who may pass a satisfactory examination on the fundamental departments of medical science before the board of examiners. Providing that such examination shall be in writing, and that an average percentage, to be agreed on by the board, shall be required of each candidate; and provided, that the percentage on materia medica and therapeutics, and on principles of practice, shall be determined by the representative of the school of practice the candidate professes to follow.

Defining the mode and character of punishment for violation of the provisions of laws relating to practice.

*Registration of Births, Marriages and Deaths.*—3. An enactment regulating such registration under supervision of the board of health.

*Incorporation of Medical Colleges.*—4. A special enactment governing the incorporation of medical colleges, which shall define the necessary conditions upon which the degree of doctor of medicine may be conferred, including curriculum, length of session, time of attendance, and formal examinations. Violations of the provisions of this act to be punished by forfeiture of charter after indictment, trial and conviction in due courses of law.

The above is considered a fair statement of the position of eclectics on the needs of the State in the matter of medical legislation. We do not believe any fair-minded person will consider their claims unjust, nor such enactments unwise. *Let every physician use his personal influence to bring these points to the attention of his representatives, and by securing equitable legislation now, prevent the future harm arising from hasty and unjust enactments.*

ALBERT MERRELL, M. D., Chairman, St. Louis, Mo.

J. T. McCLANAHAN, M. D., Boonville, Mo.

T. B. OWENS, M. D., Jefferson City, Mo.

St. Louis, January 17, 1881.

*Committee.*

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## ABSTRACTS.

### **Sexual Neurotic Conditions.**

Just one year ago, in the January, 1880, number of this journal, Dr. E. B. Stevens, editor of the "Obstetric Gazette," had an article upon this subject. Dr. Stevens informs us in the paper, that in a

few cases of too frequent seminal emissions he had used the following treatment with considerable satisfaction: "The supposed time of seminal emission was anticipated by using at each bed-time a suppository in the rectum, containing one-fortieth grain atropia sulphate, and during the interval I have directed the following: R. Bro. pot., ʒ iij.; Fluid. ext. bell., ʒ j.; Phosph. acid, dilut., ʒ vj.; water and syrup ad., ʒvj. Mix and give a dessert spoonful at 10 a. m., 3 p. m., and at bed-time."

Since last January I have had the opportunity of using this prescription for the purpose above indicated in four cases, and with satisfaction in every case. Two of these cases were marked, while the other two were slight. The first two patients had been troubled for some years and had been the victims of quacks, who had extorted money from patients by magnifying their troubles. My first endeavor was to remove from their minds the exaggerated impressions made by the quacks, then I advised that the parts should be kept clean and should be washed every night, just before retiring, with cold water; at the same time Dr. Stevens' directions were followed. The result has corresponded exactly with the statement of Dr. Stevens, who says: "This plan has lessened the frequency of pollutions, and more particularly, it has relieved almost entirely the headache and mental and physical lassitude, thus converting what Curschmann regards as a grave manifestation—an abnormal seminal loss—into a form not uncommon with healthy men and not requiring interference."

It may be of interest that one of these patients (the one who had suffered most from quackery) was taking one drachm of tincture of cantharides three times a day when he first came to me. This had produced slight cystitis which soon disappeared after discontinuing the cantharides.

The only inconvenience in following Dr. Stevens' treatment was dilatation of the pupils, in some cases preventing reading for a short time.

V. C. V. in *Physician and Surg on.*

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### Potassic Iodide and Opium in Rheumatism.

Dr. G. K. Barton, in a communication to the London *Lancet*, gives the following account of his use of these agents in the treatment of rheumatism:

I have been in the habit of using, both at home and abroad, iodide of potassium in large doses—five to twenty grains every three hours, with ten grains of Dover's powder at night. I have pursued this practice for at least thirty years, *i. e.*, since the remedy was first introduced, and have treated many hundred cases on this system without disappointment or failure, and generally the treatment only lasts a week or ten days, even in acute articular rheumatism. I have a case now, just recovered of articular rheumatism in the shoulders, elbows, knees, ankles, etc., which, under this treatment, was convalescent in a week. Mustard plasters, if applied the first day the pain is felt, will stop rheumatism at once, without medicine; where mustard fails, blisters may be used. In a late case of very severe rheumatism in the joints, I found cold water was the only thing which gave relief, locally applied.

In rheumatic inflammation there is a deposit of lymph into the joints and tissues, which, if not removed speedily, becomes hard and organized, causing severe pain by its pressure. Iodide of potassium has the power of removing this deposit by absorption, and is, to my mind, the most scientific and appropriate remedy that can be used. It has the great advantage of not exposing the person taking it to cold, which the old calomel and opium treatment did, by opening the pores of the skin.

Another remedy which seems much neglected now-a-days is opium, which possesses very great power in subduing inflammation.

If iodide of potassium in large doses can cure rheumatism in a week, why resort to doubtful and dangerous remedies, merely because they are new?

Another advantage of this treatment is that complications seldom follow. In fact, I have seldom seen them occur when this remedy has been used freely in the beginning of the disease.

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**Post-Partum Hemorrhage.**—By DR. GEO. J. ENGLEMAN, in the *St. Louis Medical and Surgical Journal*.

Regardless of the kind of treatment heretofore adopted by myself, I will now, in conclusion, briefly outline that treatment of post-partum hemorrhage which seems to me the most rational, as suggested by my own experience and a careful analysis of the recent experience of able and judicious obstetricians.

*A.—Preventive treatment after induction of labor.*—1. Careful attention to every detail, and strict observance of obstetric rules in every case of labor.

2. The administration of a full dose of ergot as the head enters the vaginal orifice.

3. Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand.

4. Express the placenta by Crede's method, and retain a firm grasp upon the fundus.

*B.—Treatment of an existing hemorrhage.*—1. External manipulation, pressure, and friction with the cold hand, or with ice.

2. Ergot—best sub-cutaneously, one or two large doses, whilst other manipulations are in progress.

3. Introduction of the hand into the vagina, and if no contractions follow, into the uterus; removal of the clots and irritation of the surface, in order to stimulate contractions.

4. The sub-cutaneous administration of ether.

4a. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in.

5. The hot water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest and most reliable remedy may be resorted to.

6. The iron swab—this may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail, or after a trial of the hot water douche; but in desperate cases must be resorted to at once, without losing time with other less reliable methods.

**Almost a Specific for Catarrh of the Nasal Passages.**—By H. A. EBERLE, M. D., Webster City, Iowa.

In this State, where catarrh is so prevalent amongst the people, any remedy that would perform a cure will be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal General Hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in



the treatment of piles, fissures, granular ulceration of the uterus, etc., and always with gratifying results.

In view of its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner: First, an ointment is made thus: *R.* Iodoform, finely powdered, grs. lx; ext. geranium, solid, grs. x; acidi carbolici, gtt. xv; Vaseline, qs  $\bar{z}$  i. Mix.

Secondly, bougies are made of absorbent cotton saturated with the above ointment and simply introduced up the nasal passages as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak, tepid solution of chloride of sodium before introducing the "iodofodized cotton", tent.

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### **The Arsenical Paste of Cosme as Modified by Hebra.**

This paste is composed as follows: *R.* Acid arsenios (gr. x.) hydrarg, sulphuret, rub. ( $\bar{z}$  ss); ung. aq. ros. ( $\bar{z}$  ss). *M. S.* Arsenical paste.

I have had every reason to be gratified with the use of Cosme's arsenical paste as modified by Hebra, the composition of which I have already described. The method of its application as recommended by that most distinguished dermatologist, and always observed by myself, may be briefly described.

It having been decided to use this method (and in cases of moderate extent and intensity it is most suitable), the surface of the epithelioma should be carefully cleansed. The paste, spread upon a piece of sheet lint to the thickness of a knife-blade, and corresponding to the surface of the new growth, should then be applied. A piece of oiled silk should be placed upon this, and over all a compress, held in position by adhesive strips. By the following day the patient will have begun to experience throbbing and some dart-

ing pain in the part, and upon removing the applications the surface will be found to be swollen and reddened for some distance beyond the margins of the disease. After careful washing, the paste should be applied as before. Before the next dressing, which should be upon the following day, pain will have become very severe. By the end of the third day, or perhaps not until the fourth day, the parts will have become greatly swollen and reddened, and the surface of the epithelioma will be of a dark brown, charred appearance. The pain, which for the latter twenty-four or thirty-six hours will have been very severe, should be controlled by opiates. The redness and swelling need occasion no apprehension, since in a few hours after the removal of the caustic, they will disappear. A poultice should be applied when the slough begins to separate, which will be in a few days. At the expiration of a few weeks, this procedure may be repeated if any tendency to a recurrence of the disease be observed.—*Atkinson, in Chicago Med. Examiner.\**

[\* NOTE.—Dr. Atkinson regards this as a safe and successful cure for cutaneous epithelioma.—EDITOR.]

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**Tracheotomy in Croup.**—By ALEXANDER HADDEN, M. D., Attending Physician to Presbyterian Hospital, New York.

After detailing eleven cases Dr. Hadden concludes as follows:

The foregoing is the record of eleven tracheotomies done in my practice, with seven recoveries. With the exception of the first case on the record, the subjects were all children of tender age, about to die with membranous croup. I say without hesitation, about to die, for subsequent conditions have confirmed this belief. This is about 66 2-3 per cent of the whole number, or 60 per cent of the children. I will also state in this connection that of those who died, not in a single instance was death the result of the operation, either directly or indirectly; that in every instance life was prolonged and the most distressing symptoms mitigated. But for the accident or carelessness in Case V, I have reason to believe that I should most certainly have had one more to add to the successful cases of tracheotomy, which would have brought the percentage up to 72 2-3. In all cases of children operated upon, where recovery took place, the opening made into the trachea closed up in three or four days,

so that no air could pass, and it healed perfectly in about fourteen days after the removal of the canula. In some cases, however, slight granulations on the outer side appeared during the process of closing, but these were readily reduced by a few applications of sulphate of copper.

*Rules and Requisites.—First.* To operate as soon as I find that suffocation threatens, and that medical agents will not be likely to afford further relief.

*Second.* To place the patient under the influence of chloroform, the anæsthetic which I prefer in these cases. Then provide and arrange for use the following instruments and articles: several towels, sponges, a basin of hot and one of cold water, a curved bistoury, two small scalpels, a director, an artery-forceps, plain dressing-forceps, two pairs scissors, a tenaculum (Langenbeck's, modified by straightening the hook), several goose-quills, well feathered, silk ligatures, and a double silver canula, armed with a tape long enough to reach around the neck of the patient and tie.

*Third.* Lay the patient on a table two and one-half feet in height, about the same in width, and long enough for the patient to lie at ease, and so placed that the light may fall upon the part to be operated upon.

*Fourth.* Remove all clothing from the neck and chest, and place under the back of the neck a cylindrical body of, say three to three and one-half inches in diameter and about ten inches long, wrapped in a towel, so that the head may fall backward, and thus throw the trachea upward, producing at the same time some degree of tension of the tissues through which the incision is to be made.

*Fifth.* To take up, between the thumb and index finger of the left hand, the integument overlying the part of the trachea through which the opening is to be made, and divide it with a sharp-pointed curved bistoury, and then, on the median line, work through the tissues and fascia down to the tracheal ring, by means of the finger-nail, director, and scalpel.

*Sixth.* To open the trachea through the upper rings, paying no attention to the isthmus of the thyroid gland, commonly dividing it, unless it is found to be unusually large, in which case I would advise that it be pushed downward out of the way. Reasons for so doing will be given further on.

*Seventh.* To effect the opening in the trachea, I fix it by means of a strong tenaculum thrust through one of the tracheal rings, just below the crico-thyroid cartilage, and hold it firmly until I make the opening and place the canula in the new-made air-passage. This tenaculum I have modified so that it will divide with a slide, and open the trachea as my knife passes through the rings downward from it, thereby dispensing entirely with the use of retractors. This tenaculum is, I have learned since I had it made, a modification of Langenbeck's.

*Eighth.* When the tube is once in place and fastened around the neck by means of the tape, the next step is to free the parts of all blood and mucus, and whatever may be in the way, and to keep them so by the frequent removal and cleansing of the inner tube.

*Ninth.* Replace the patient in bed. Keep a small sponge, wrung out of warm water as frequently as possible, over the canula. The atmosphere of the room ought to be maintained at a temperature of about 80°, and loaded with steam from boiling water containing lime.

*Tenth.* To make application through the tube, by means of a soft feather taken from the tail or wing of a hen, of the solution of iron and glycerine, before mentioned, to the inner surface of the trachea. *R.* Liq. fer. sulphat., ʒi; glycerinæ, ʒi. *M.*

This may be done as often as every two or three hours during the day. This application has doubtless been an important factor in the good results obtained in the last four cases.

*Eleventh.* To remove the canula when the air can pass and repass through the larynx freely. This is easily determined by occluding temporarily the outer tube, or by removing the canula entirely for a few moments, and closing the artificial opening.

*Twelfth.* Give attention to the diet. Let it be mainly fluid in character, highly nourishing, and easily digested and assimilated. Let it too, be given in small quantities and at frequent intervals. Have the bowels moved at least once a day, either by injections or cathartics.

*Thirteenth.* Allow the opening in the trachea to close of itself, without any aid from adhesive plaster, compresses, or any such agents as might force the granulations to the inner side of the trachea. Should granulations spring up in the wound after it has

closed, after it no longer admits air to pass and repass, apply a little powdered sulphate of copper once a day for several days, protecting the neck by means of a soft silk handkerchief tied around it.

In support of the operation above, and, when necessary, through the isthmus of the thyroid gland, we quote from Linhardt, who opposes the making of the incision below this point, and says: "Not only on account of hemorrhage, but because of the entry of air into the left innominate vein, is injury of the infra-thyroid, if not actually fatal, yet one of the most dangerous accidents. Besides this, the trachea is frequently very deeply seated, and between it and the muscles arising from the sternum, there is so much cellular tissue that, in opening the trachea, a general emphysema is produced." This condition I once saw follow this operation, and when one of our most skilful surgeons was the operator. Death ensued, not from the operation, but from general emphysema. Dr. Jacobi reports two cases of death from the same cause. The introduction and fixation of the canula is also more difficult here. Hyrtl—*Zeig-liederungskunst*—says: "Objection, too, is made to operating here on account of the danger of section of the laryngeal artery, which, though in size is out of proportion to the size of the larynx, is still only a branch between the superior and inferior thyroid arteries. The laryngeal artery, therefore, if not exactly parallel, runs in the same general direction as the contemplated incision, and does not, at any point, cross that line, nor is the line of incision crossed by any other important vessel; these considerations, together with the slight vascularity of the larynx, will point to this locality as the most appropriate one for the performance of tracheotomy." In practice I have found this opinion, based on the above anatomical reasons, to be correct.

The mixture of persulphate of iron and glycerine, which I apply to the inner surface of the trachea, I consider a very essential part of the treatment. Its salutary effect in the last four cases given above was remarkable, and contributed not a little, in my opinion, toward the recovery of the patient. It has the effect to coagulate the secretions poured out on the mucous surface of the larynx and tonsils; besides that, its astringent effect also extends to the underlying vessels, from which the secretions are derived, thus lessening their quantity.

A warm atmosphere, 80° F., moistened with steam charged with the fumes of slaking lime, has a very soothing effect, and I am inclined to believe that, when well applied, is more likely to give relief in membranous croup than any other remedy of a non-surgical nature known to the profession. I have a number of cases on my list which were doubtless going on rapidly to the stage where surgical interference would become necessary, but in which the disease was checked by its timely and faithful application. The mode adopted in administering the steam most effectively is to construct over the bed of the patient a tent-like enclosure, and keep the space within, where the patient lies, filled with the vapor of boiling water containing lime, and keep this up unremittingly, night and day.

It should be well understood that tracheotomy is not curative of croup; only a means of continuing life by preventing suffocation. Mechanically the continuance of medical treatment after the operation ought to be essentially the same as before it. This we wish to press with some degree of insistence, for we feel assured that harm has often resulted from the premature suspension of the treatment before the disease had been cured or had run its course. The keeping of the canula free by the frequent removal of the inner tube, cleansing it from the mucus constantly discharging from it, is troublesome and requires the utmost care. For, should occlusion of the tube at any time occur, and it be not immediately cleared, the death of the patient would be the inevitable result, an accident which, as we have already seen, happened in one of my cases from the attendant falling asleep at a critical moment.

In order to obviate the difficulty just alluded to, attempts have been made to keep open the incision made into the trachea without the use of the canula. In order to affect this, Professor Pancoast, of Philadelphia, after making the incision, cuts out a small triangular piece from one of the tracheal rings. This method is objectionable, however, on account of the contraction which takes place upon the healing of the orifice, thus lessening the calibre of the tracheal tube.

Dr. Martin, of Boston, however, has a plan which I think better of, and which I am disposed to try at the earliest favorable opportunity. He binds together the several edges of the tracheal rings and the overlying integument by a single suture on each side of

the incision. The ends of the thread with which the sutures have been made are left of a sufficient length to attach to the ends of an elastic band going around the neck. When fastening the bands, sufficient tension is made to separate the edges of the incision in front, and the band by its elasticity yielding so as to accommodate itself to any change in the size or situation of the parts produced by breathing or by the expulsion of extraneous products from the air-passages through the opening. The application of local treatment is also more readily accomplished when there is no canula in the way.

I am indebted for a part of the ancient history of tracheotomy to an unpublished manuscript of Dr. A. Jacobi, on Diphtheria. Also to Dr. E. C. Spitzka for some translations from the German authors quoted in the text.—[*Medical Record*, p. 452.—1880.

**Chloral Hydrate.**—By H. H. KANE, M. D., New York.

Chloral hydrate may be given by the mouth, rectum or hypodermically, or by the intra-venous method. By the rectum we get about the same effect as by the mouth, both as regards rapidity of action and intensity and duration of effect. By the subcutaneous plan there is always danger of the production of deep-seated and superficial inflammation and the formation of abscess. The intra-venous method is unjustifiable, save in the very rarest instances, and is fraught with great danger. In the majority of cases, then, the drug should be given either by the mouth or rectum.

*By the Mouth*.—Chloral hydrate should always be given in solution, as the drug in crystal is extremely irritating. Dr. Squibb prefers giving it in plain water, he believing that the syrup that is usually given to disguise the taste of the drug favors its breaking up. This plan is favored by not a few of my correspondents. A preparation known as Leibrich's syrup of chloral is advertised and extensively used in England. In giving chloral I have always found it most convenient to order a simple aqueous solution, say: R. Chloral hydrat, 3 iv.; aq., 3 iij, of which one drachm contains ten grains, and then ordering separately a bottle of syr. tolu or prunus virginian, and let the patient add a drachm or two of the syrup to each dose of the chloral solution at the time of taking.

Many physicians use the bromide of potassium with chloral in every instance, they believing that the former intensifies and prolongs the effect of the latter.

Bartholow found good effects in nervous disease from a combination of chloral, morphine and atropine; better than when either drug was used singly.

Bowers produced profound sleep, lasting from twelve to eighteen hours with the following: *R.* Chloral hydrat, gr. 30; potass. bromid, gr. 15; *tr.* opii, gtt. 20, a dose.

Nearly the same is advocated by Dr. J. M. Lewis, of Kosciusko, Miss., who advocates the following, which he uses to produce sleep and quiet pain in every case where there are no contra-indications: *R.* Morphine sulph., gr.  $\frac{1}{4}$ ; chloral hydrat., gr. 15. Repeat as often as necessary to relieve pain or produce sleep; occasionally combines it with potass. bromid.

With reference to the combined use of chloral hydrate and morphia, Bartholow says:

"These agents act much more favorably when administered simultaneously. Chloral causes sleep, morphia relieves pain, atropia prevents or lessens the depression in the respiration and cardiac movements caused by the other two, while it contributes to their cerebral effects."

"These physiological studies are confirmed by the therapeutical results. The combination of chloral, morphia and atropia is adapted to those cases of insomnia caused by pain, or in which chloral or morphia alone merely increases the cerebral excitement—as in hypochondria, puerperal mania, etc. This combination is also indicated in cases of fatty and irritable heart. When pain is to be relieved chloral is not so serviceable as the combination with morphia and atropia. The local administration—the insertion of the medicament at the site of pain—is more effective than the merely systemic impression. This is especially the case in *tic-douloureux*, *sciatica* and *coccodynia*, which are much more effectually treated by injections made in the neighborhood of nerves, the seat of pain. The combination of a local irritant and benumbing agent with a systemic anodyne is more curative than either used singly."

Dr. E. Chenery, of Boston, looks upon the combination in the same way.



Dr. F. D. Lente finds that combining a little codeia or McMunn's elixir with chloral enhances the effect of the latter.

Dr. A. P. Hayne, Inebriates' Home, San Francisco, has used the combination of chloral hydrate and bromide of potassium in a large number of instances (2,000 to 3,000), and finds that the bromide not only enhances the effect of the chloral, but acts as a guard or check upon its occasional ill effects.

Ore found that two drops of a 10 per cent solution carbonate of soda, when added to 15 gr. of chloral in one drachm of water, would make the solution alkaline. This solution was intended and used for intra-venous injection but it has since been used, although not extensively, in giving the drug by the stomach. It prevents irritating local effect, and seems to add to the rapidity and intensity of its action.

Dr. Saml. E. Wills, of Earlsville, Maryland, finds that in some cases chloral does not act well, and believing that this is due to excessive acidity of stomach, gives 20 or 30 grains of bicarbonate of soda or potash, and sleep always follows.

As chloral hydrate is quite irritating to the buccal, pharyngeal and gastric mucous membrane, whether in a simple aqueous or a syrupy solution, it is best to eat a little something, say a cracker, before taking the dose. This has been spoken of in Dr. Squibb's letter. The reason may be seen and appreciated by anyone.

A very pleasant formula is given by F. F. Harvey, Assistant Surgeon, U. S. A. He gives it in mint water, or syr. tolu, with the addition of tinct. cardamon. This "covers the taste well, and leaves the stomach in a good condition to digest the food—an important matter in delirium tremens."

Dr. H. Fly Smith found that chloral, when given in camphor water, acted much more quickly and powerfully than when given in syrup.

Dr. Julius T. Hoffman, of Chicago, Illinois, and a recent writer in the *New York Medical Record* (Nov. 20, 1880) say that the taste of chloral may be effectually disguised by giving it in syrup of gooseberry and adding one drop of chloroform to every grain of chloral.

*By the Rectum.*—Chloral hydrate is peculiar in that it acts with about the same rapidity and intensity when given by the rectum as

when given by the mouth. Indeed, some authorities claim that it acts more rapidly when given by this channel. It has been found of great advantage to give it in this way in two classes of cases :

1. Those where, owing to some spasmodic or convulsive affection (tetanus puerperal convulsions), it is impossible or very troublesome to give it by the mouth, and

2. In cases where, from inflammatory or other affections of the stomach or throat, it is not deemed advisable to give the drug by the mouth, owing to the possibility of causing a local irritant action, it may be exhibited either in the form of suppository or enema. The former is preferable in those cases where there is irritability of the rectum and a quantity of fluid cannot be tolerated.

It is a matter oftentimes overlooked by physicians, that chloral hydrate is a ready solvent for fats, so much so, that solid fat becomes liquified by contact. For this reason, cocoa butter, the usual vehicle for suppositories, is inadmissible for making them with chloral, as in such case a soft, oily mass, altogether too fluid for anything but an ointment, results. If it is desired to use a solid extract with the chloral, the difficulty is still further increased, for the little water necessary to moisten the extract before "working" it, greatly increases the fluidity of the oleaginous mixture. A writer in the *Druggists' Circular and Gazette*, after a number of experiments as to the best excipient, found that equal parts of spermaceti and oleum theobromæ have the advantage over any other. This proportion is suitable for a suppository containing ten or twelve grains of chloral. If more is used, the amount of spermaceti must be increased.

M. Catillon, in a communication to the Societe de Therapeutique, recommends the following formula : Chloral hydrate, 1 part ; white wax, cocoa butter, *aa*, 2 parts, for plasters, suppositories or bougies.

Whidborne finds a suppository mass composed of one to two drachms of chloral hydrate, made up with hard soap and honey, very useful.

Paul, who uses suppositories of chloral hydrate only for their local action in cancer, etc., employed the following as a basis : cocoa butter, 30 grs. ; spermaceti, 45 grs. ; powdered charcoal, 45 grs.

*Enemata*.—It is by enema that chloral is most often given by the rectum. Given in pure water, it, after a few injections, and sometimes in the first instance, produces considerable irritation.

Dr. G. de G. Griffith finds it of great advantage to beat up the drug with one or two raw eggs, and to this add a little warm milk. He has used chloral and bromide of potassium in this way in a number of instances, without producing any irritation, and with the best effect on the disease. Dujardin-Beaumetz has used the same base for exhibiting plain chloral with the best result. Leo Testa also speaks highly of it.

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**The Iodine Treatment of Intermittent Fever.**—By H. GIBBONS, SR., M. D.

The proper place of iodine in the treatment of intermittent fever is not as a prompt anti-periodic, to prevent the immediate recurrence of the chill, but as an alterative, to be administered after the interruption of the paroxysms, for the purpose of preventing their return.

My first trials of it were to the exclusion of other agents, and indiscriminately. Twelve drops of the tincture three times a day, an hour after meals, was the formula. In a certain proportion of cases, say one-third at least, there was no recurrence of the paroxysm after instituting the treatment. Several old cases, strongly marked with the malarial cachexy, and which had been repeatedly and freely dosed with quinine, to my surprise, recovered with no other treatment. Indeed, the remedy is often most efficacious in such cases. But in the majority of patients the paroxysm returned, in spite of the iodine.

Having satisfied myself that the agent could not be depended on alone, I then adopted a mixed treatment, first breaking the chain of continuity in the paroxysm by a cinchona anti-periodic, and then instituting the iodine treatment exclusively. This course was successful, almost without a solitary exception. I may safely say that the chill did not return during the use of iodine in more than one case in fifty. In some instances of threatened return the dose was increased up to fifteen drops.

The toxic effects of the iodine, when they appeared, were developed mostly in the stomach and digestive organs. To loss of appetite and gastric distress were added a variety of unpleasant sensations, of which the patient complained without being able to define them accurately. One instance assumed quite a serious form, and

continued for a number of weeks. In view of these consequences I adopted the plan of suspending the iodine for a short time, after about two weeks' use; and, when the cure was well established, continuing it for a while on alternate weeks only.

As to the *modus operandi* of iodine in this disease, I have only to say that it appears to exert a specific action on the malarial condition. Probably it does this through the liver and spleen, as congestion and enlargement of those organs will often disappear under its use. Without doubt, we are to take into account its well known power of promoting absorption and stimulating the glandular organs. — [*Pacific Medical and Surgical Journal*, p. 145, 1880.

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### The Treatment of Hæmoptysis.

Willis E. Ford, M. D., of Utica, N. Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, October 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, January, 1880, says:

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be added at once, and repeated one or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells, nor be drawn in by forced inspiration.

Of course the after-treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and, in some cases, stimulants.—[*Canada Medical Record*.]

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### **Tracheal Tubes as a Substitute for Tracheotomy.**

A singular expedient is proposed by Dr. Macewen, in the *British Medical Journal*, to take the place of the ordinary operation of opening the trachea. It consists in the introduction of a tube through the mouth. He gives several cases in which he has adopted this measure with good results. He believes that tubes may be passed through the mouth into the trachea, not only in chronic, but in acute affections, such as edema glottidis, and this, with little practice, without administering an anæsthetic. The respirations may be carried on perfectly through them, the sputa can be expelled through them, and deglutition can be carried on while the tube is in its place. Though the patient at first suffers from painful sensations, these soon pass off, and the presence of the tube creates little disturbance, the patient being able to sleep with the tube *in situ*. The tubes were harmless in the cases he gives, and the ultimate results of the treatment were rapid, complete and satisfactory. Such tubes may be introduced in operations on the face and mouth, to prevent blood from running into the trachea, and for the purpose of giving an anæsthetic, and answer the purpose admirably.

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### **For Fresh Cold in the Head.**

Dr. T. F. Houston writes: For fresh cold in the head, accompanied with obstruction of the nasal passages: **R.** Carbolic acid, 1 drachm; absolute alcohol, 2 drachms; caustic solution of ammonia, 1 drachm; distilled water, 3 drachms; **M.** Make a cone of writing paper; put a small piece of cotton in it; drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.—[*So. Med. Record*.]

## EDITORIAL.

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**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

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### The American Medical College and the City Hospital.

“OFFICE OF HEALTH COMMISSIONER, CITY HALL, }  
ST. LOUIS, January 14th, 1881. } ”

*Dr. George C. Fitzer.*

DEAR SIR:—Your appointment as medical lecturer at the city hospital was approved by the board of health, at the meeting held January 14th, 1881. The day and hour assigned you is Friday from 10 to 11 a. m. The appointment of Dr. Edwin Younkin, as your alternate, was also approved. The students of all medical colleges in good standing are to be admitted to these lectures to the capacity of the amphitheatre. This arrangement to go into force Monday, January 17, 1881.

Respectfully,

CHARLES W. FRANCIS,  
Health Commissioner.

Attest: ROBERT LUEDEKING, M. D.,  
Clerk of Health Commission and Board of Health.”

We have had access to the city hospital before, but a new arrangement goes into effect now, as indicated above and as explained below.

The arrangement is this: Certain men are appointed by the health commission, to deliver clinical lectures at the city hospital, each man having a day and hour assigned him. All students, no

matter from what school, so it is in good standing, have the privilege of attending these lectures, to the capacity of the hospital amphitheatre. The following is an exhibit of the lecture staff, and the day and hour assigned each man: Monday, 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Lankford, M. D.; Tuesday, 3 to 5 p. m., Louis Bauer, M. D., and R. M. King, M. D.; Wednesday, 3 to 5 p. m., John T. Hodgen, M. D., and E. F. Smith, M. D.; Thursday, from 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Lankford, M. D.; Friday, from 10 to 12 a. m., George C. Pitzer, M. D., and S. B. Parsons, M. D., with Edwin Younkin, M. D., and J. Martin Kershaw as alternates.

Now, the way the matter stands at present, the students of the American Medical College have the privilege of hearing clinical lectures at the City Hospital delivered by Pitzer and Younkin, eclectics; Parsons and Kershaw, homœopaths; and Hodgen, Lankford, Robinson, Smith—the whole staff, and all without paying for hospital tickets. And, be it remembered, the students of other colleges have the privilege of hearing our lectures too. This is certainly as good as could be desired, and we hope our readers will understand the plan and duly appreciate the advantages of St. Louis for clinical instruction.



### **Michigan Eclectics.**

The representatives of eclecticism in Michigan are urging their claims with commendable energy and enviable ability. They ask for certain rights, nothing short of which will place them on an equality, politically and professionally, with the regulars. They want an appropriation from the legislature for the endowment of a chair on eclectic medicine in the University of Michigan, the same to be filled by an eclectic. We admire this move, and only hope they may succeed. They meet with much opposition, but eclectics are used to this. And such men as Dr. McMaster, the most active man in this fight, never grow more lean in hard struggles or long races.

We have just received some interesting papers from Dr. McMaster, of Dowagiac, Michigan, setting forth the claims of eclecticism in Michigan particularly, and answering many groundless objections

to eclecticism generally. We should be pleased to publish the entire text of these papers, but we hav'n't the space.

Dr. McMaster, in defining the eclectic school of medicine, makes some excellent points. The following is the substance of the closing of one of his papers, furnished for *New Preparations*, a live medical journal, published by Geo. S. Davis, of the firm of Parke, Davis & Co.:

"THE ECLECTIC SCHOOL OF MEDICINE.—Pardon me for intruding once more upon your columns. In an editorial under the above title, in the July number of your very valuable journal, you ask, 'what, then, is an eclectic?' and also state, 'we should be pleased to know, therefore, wherein eclecticism, *per se*, differs from the regular school of medicine?' Now, it is the evident want of knowledge in regard to the eclectic school of medicine displayed in the article in question, and a desire in my feeble way to answer the question that furnishes my excuse for again writing you.

Too often are both eclectism and homœopathy defined by the use of ridicule for argument, and fancy for fact; and without in the least imputing any design on the part of the writer to use these, I may be pardoned if I prefer to take the definition of these terms from the advocates of those schools themselves, and if I insist that to 'avoid mercury entirely, and to administer podophylin' instead, and to 'think that small doses are more effective than large doses,' do not constitute eclecticism and homœopathy any more than does one robin constitute spring. Indeed, these particular points are not regarded as essential in either school, and, so far as they are concerned, I believe all the physicians in America, including hydro-pathists, who do not use drugs at all, are both eclectic and homœopathic, for I am charitable enough to believe all use the remedies that in their judgment are the best, all things considered, in every case and in such quantity as they deem best for the case in hand. In these respects, then, there is no difference. All do the best they can with the knowledge they possess, biased, if at all, only by prejudice.

For the distinctive features of these schools, then, we must search in other directions, and I shall only attempt to point out some of these for eclecticism. The writer of the article in question says: 'We aim, ourselves, to be eclectic in the broadest, and in the true etymological meaning of the word,' and further on, speaking of the eclectic school, says, 'who (incorrectly, we believe) style themselves eclectics.' Dr. P., of my acquaintance, said to Dr. S. (eclectic): 'I am more of an eclectic than you are, for I use certain remedies that you do not use.' Prof. Palmer, of our university, said to me: 'Why, we are eclectics, for we use and recommend all remedies that



are sanctioned by competent authorities.' A writer in a recent number of the *Michigan Medical News*, in an article in reference to a name for his school of medicine, says: 'One patent right on common property has already become a fixture, in the appropriation of the word eclectic by a sect in medicine whose eclecticism is far less thorough and universal than our own. If it were not for the fact that it has been thus appropriated, or if the sectarian school could be dispossessed of it, eclectic would be a good word for our use.' Dr. G. said to me recently, 'the regular school is conservative,' but maintained that the physicians of that school were 'practically eclectic.' Almost daily we encounter similar sentiments from the adherents of that school in the journals or in conversation.

Now, in replying, it may be after the manner of 'ye yankee,' to the remarks of Dr. P. given above, with such notice as I may take of the others, I hope, at least in a measure, to answer the questions repeated in the beginning of this article.

We will subject Dr. P. to a little catechism.

Dr. P., you received your medical instruction in the office of a "regular" physician and in a "regular" college?

Yes.

To what school of medicine did the authors you read belong?

To the regular school.

Did your preceptor have any other in his library?

Yes, he had Beech's *Materia Medica* and one of Hahnemann's works.

Did he speak highly of the eclectic and homœopathic schools and recommend you to read these authors?

No, he seldom mentioned these schools except in derision.

To what school did your college professors belong?

To the regular school, of course; it would not be ethical for them to be associated with graduates of any other school of medicine.

Did your professors speak well of these other schools, and urge you to closely investigate their teaching?

No, they seldom mentioned them except to criticise adversely.

What authors did your college recommend?

All regular authors; no others were mentioned in the announcements.

Did those authors quote extensively from eclectic, homeopathic and hydropathic authors, and commend their methods and remedies.

No; one would not know there were any other schools of medicine by reading them.

So much for your preceptors, professors and colleges; now, how about yourself; what authors have you in your own library?

Principally regular authors; only one or two small works by irregular authors.

What journals do you take and read ?

Regular journals only.

Do they quote extensively from eclectic and homeopathic authors and journals.

No ; with the exception of *New Preparations*, none of them ever have anything from the pen of an irregular physician, although one of our prominent editors, in the meeting of their association, held in Chicago, admitted that many of the irregular journals were better edited than our own.

What, then, do you know of the so-called eclectic school of medicine ?

Nothing, except what I learned from my preceptor in his ridicule, the college professors in their criticism, from casually glancing in Beech's old work, what I am lately learning from *New Preparations*, and have picked up here and there generally.

And you supposed, of course, from that very limited knowledge that the practice is purely herbal, and since you use mineral agents besides, you think their "eclecticism is far less thorough and universal than your own," and yet your choosing of means, which the word signifies, is confined almost exclusively to what you have learned from your own schools, the authors, teachers and journals of which are as silent as the grave in regard to the teachings and remedies introduced by these other schools ?

Yes, that is a fact.

Now, then, do you not know, Dr. P., that the hydropathists who use no drugs at all, and the physio-medical physicians, who use only botanical remedies, as you supposed, erroneously, the eclectics did, are quite as much eclectic in their practice as you ? They choose between the various remedies and means their own exclusive authors and writers recommend, and ignore all other schools of medicine the same as you do. "But," says Dr. P., "is that not the way the so-called electics do also ?" Oh, no, let us quiz Dr. S., and see.

Dr. S., you received your medical instructions in the office of an eclectic physician, and in an eclectic medical college ?

Yes.

What authors did your preceptor have in his professional library ?

He had, besides numerous eclectic authors, several old school authors, such as Flint, Thomas and Gross, several homeopathic authors, as Hemphell, Hull and Rudduct, besides Jackson's and Trall's works on hydropathy.

Did he encourage you to read these ?

Certainly, he insisted on me reading them, saying that one could not learn too much of medicine, and while he did not approve of the treatment given in all cases, much of value could be learned from them all, since each author, and especially those of the different

schools, had pushed their investigations therapeutically in somewhat different fields.

Was your college in any way exclusive in its instruction?

I think not. The professors were some of them graduates of the so-called regular school of medicine, and they had at least one professor of homœopathy in the faculty. The authors recommended were selected from among the best of each school of medicine.

Now, how about yourself. What authors have you in your library, and what journals do you take and read?

I have selected for my library the standard, and what I believe to be the best authors of every school in medicine, and take one or more journals from each school.

Do the eclectic authors and journals recognize other schools and quote from their writings?

They recognize all the different schools and quote extensively the best things from all.

And your practice?

It is based upon the knowledge I have obtained from every source.

Now, from the statements of Drs. P. and S., I am willing to submit the question to any fair-minded person in or out of the profession, which is the truly eclectic, and which is the exclusive doctor? And if those who would dispossess the eclectic school of a *good name*, and adopt it as their own, had better not consider, first, whether they are eclectic at all or not; and, second, whether, if they are really and truly eclectic, the whale had not better swallow Jonah, rather than that Jonah should attempt to swallow the whale. As to the truth of their statements in regard to the colleges, authors and journals, I challenge any one to successfully contradict them; and as to their personal attainments, I have tried to exercise care not to overdraw them as types of their respective schools of practice. Dr. P. has been taught from the beginning to revere the code of ethics and the authors, and that his school possessed all there is to be known of medicine, and was therefore *the* eclectic school, and he honestly believes it, while first, he lacks that knowledge of therapeutics that is requisite to constitute eclecticism; and second, he lacks a disposition through that prejudice which adherence to a code of ethics which, as usually interpreted, recognizes no other school of medicine, to place himself in a position to acquire the requisite knowledge. On the other hand, Dr. S. has been taught that the greatest of authors are only human beings, and may advocate very dangerous and pernicious practices; that while he should look for good things in every school, he should prove all things, not all things in his school, but *all* things from whatever source, and hold fast to that which is good, and that intolerant codes are hindrances to science, and totally incompatible with true eclecticism in medicine.

The practice of both Dr. S. and Dr. P. is in accordance with the knowledge they possess of therapeutics, and in this respect many "regular" physicians have, no doubt, risen above the code, and the prejudices of Dr. P., and are becoming more and more eclectic in their practice, while some who bear the name eclectic do not measure up to the attainments acquired by Dr. S.

I am aware that the position I have given the eclectic school so far in this discussion, and which is the one it actually takes, as I understand it, is one that commends itself to thinking minds everywhere, and I am also aware that this is the position that many in the "regular" school would gladly accept, could they do so and still be ethical. But that is an impossibility. Ye cannot serve both God and mammon. Nevertheless,

"This is the way they long have sought,  
And mourned because they found it not."

But why, it may be asked, is it impossible to be both ethical and eclectic?

Dr. —, regular, a member of the legislature, said to representative T. the day that the writer was at Lansing last winter, "The eclectics have given us a good many good things, but, damn it, we dare not admit it." *Who* dare not admit it? We, the great body of the regular profession. *Why* dare you not admit it? Because, forsooth, it is not ethical to recognize that school as a school of medicine, or any of its followers as authority or as physicians even, at all. The merest jackanape turned out of the "regular" colleges the past year has been taught that it will not be ethical for him to recognize any physician, however eminent as an investigator, who is not a "regular" physician in good standing, "using the word 'regular' in the sense commonly understood in the medical profession." As an eclectic physician, and as an American citizen, I must say I can not appreciate such an interpretation of that code of ethics as will make cringing cowards of the largest part of the medical profession. That is not eclecticism, and is as far from it as midnight darkness is from the light of the noonday sun.

It is decidedly unethical for a "regular" journal to quote anything from an "irregular" journal, or to publish anything from the pen of an "irregular" physician, else, why is it the *New Preparations* is the only journal edited by a "regular" physician that dares to publish articles from physicians irrespective of schools? And why would many of its readers "demand some explanation?" And why do some of the over-ethical ones already tauntingly accuse *New Preparations* of being an eclectic journal, and Parke, Davis & Co., with being an eclectic house? Unethical. Right here let me say that the independent position taken by *New Preparations* in therapeutics, the only branch of medicine in which there is any differ-

ence in the several schools, *is* eclectic, and one that must commend itself to the more progressive members of the profession throughout the land. It is enabled thereby to teach more *materia medica* and therapeutics, and to do more towards unifying the profession than all the other "regular" journals put together.

It is unethical for a "regular" physician to quote from, or in any way recognize "irregulars," else why does Dr. Stone, U. S. A., call Dr. Edmund Andrews to account for "endeavoring to prove that we are indebted to *quacks* for valuable scientific information," and then asks "if it is customary for '*regular*' practitioners to compile statistics of cases from the records of *quacks*?" And to which Dr. Andrews replied in the language of a true eclectic, as he, no doubt, is: "Truth is immaculate, no matter whence obtained."

It is unethical for a "regular" physician to consult at the bedside with an irregular physician, so-called, else why was Dr. Pardee expelled from his society for consulting with his wife who is a reputable homœopathic physician? And why do medical societies do many other foolish things in the name of "professional honah" and medical ethics, until the medical profession has come to be the butt of ridicule and laughing stock for the press and the people, on account of these frequent exhibitions of medical intolerance and sectarian exclusiveness? These things belong to that kind of eclecticism which has eclectic left out, and is as soulless as would be the play of Hamlet with the worthy prince by that name left out.

It is unethical to accept any as authority that has not subscribed to the code, else why does Prof. Palmer put in the qualifying phrase, "competent authority?" While eclecticism regards anyone as authority who can state scientific truth, we find by reference to the published synopsis of Prof. Palmer's lectures for the fall term of 1878, that none but regular authors are quoted or mentioned, and these are mostly foreign authors, and of the many hundred remedies introduced by eclectics only two, aconite and veratrum *viride*, are mentioned, and these only casually, with no true indications given for their use.

We find, therefore, that those things which are regarded as ethical, as ethics are ordinarily interpreted by the societies and physicians who have subscribed to the code, are not eclectic in any true sense of that term, hence we conclude that to be both ethical and eclectic is a moral and physical impossibility, and while eclectic physicians have made therapeutics their special study for the last quarter of a century and have given the profession many hundred indigenous remedies, many of them among the most valuable in the *materia medica*, not one of these has ever been adopted by the "regular" profession in an open handed, manly, legitimate way, for not until the investigations made by the eclectics were published by "regular" authors *as their own* investigations would they be considered as being

endowed with that "competent authority" which would give them a place in "regular" medicine.

What, then, is an "eclectic?" It is one who exercises the utmost freedom of thought and action in therapeutics, and who possesses that knowledge which will enable him to choose judiciously not from one sectarian school, but from the various schools of practice and from every other possible source; to choose the good and discard the evil, unprejudiced and without fear or favor, that eclecticism differs from the "regular" school of medicine.

1. In that while it has neglected none of the collateral branches of medicine it has always made a special study of *materia medica* and therapeutics, the branch that gives to the profession its name, and the one for which all other branches of study are but preparatory.

2. Eclecticism differs from the "regular" school of medicine in that it is not conservative but radical, searching after and seizing upon truth from whatever source it may come, and accepting any as authority, however humble, who may state facts, and none as authority, however venerable or exalted, whose statements are not proven true by the light and experience of these latter days.

3. Eclecticism differs from the "regular" school of medicine in that it is not hampered in its investigation after truth in therapeutics, and its usefulness is not crippled either in its journals, authors, colleges or members by an illiberal code of ethics that was adopted more than thirty years ago, and that seems to be, like the laws of the Medes and Persians, never changed.

4. Eclecticism differs from the "regular" school of medicine in that it does not set itself up as the autocrat school in medicine and assume to be the *regular* and only school worthy the name, but instead, recognizes the various schools of medicine each as being as *regular* as any, and encourages the most complete and thorough investigation of the therapeutics of each, giving credit where credit belongs and ignoring and ostracising no physician or school of physicians on account of a difference of opinion in medical practice.

5. Eclecticism differs from the "regular" school of medicine in that it believes in republican medicine, in republican government, that all schools should be equal before the law, and in the educational and other institutions of the State, and upon these broad, liberal, rational and progressive principles eclecticism is ready to clasp hands with and accept as one of its members any who may come up to this standard by whatever name he may have been called."

H. S. McMASTER.

Dowagiac, October 4, 1879.

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Read Wm. S. Merrell & Co.'s advertisement, *Fluid Hydrastis*, p. 74.

**Medical Legislation and State Board of Health.**

We would ask a careful and earnest reading of the article in this number of the JOURNAL, entitled "Medical Legislation." This paper is in circular form, and has been circulated quite extensively throughout the State, but lest some may not have seen it, we reprint it in the JOURNAL.

We have a work to do just now, and it must be *well done*, or we shall be turned over to the mercies of the dominant school. Never in the history of eclecticism, was there so much need of thorough organization, unity of purpose and action, as now. The allopaths are exerting themselves to have *their laws* made, and it requires equal talent, at least, and a great deal more energy and perseverance to secure and hold equal advantages with them, for they are numerous and popular—only have to sail with the current, while we have had the wind against us always. Knowing this we, as eclectics of Missouri especially, should unite our strength in defense of our common cause.

Our Prof. Albert Merrell is now, January 22d, in Jefferson City, doing what he can to protect our school—the eclectic physicians of our State—against unjust legislation, and aid in the formation of a State Board of Health that will protect and do justice to all—profession and people. We, in St. Louis especially, are paying our money and giving our time to this general cause, in which every eclectic in the State is deeply interested; and we are sure it is not asking too much of every eclectic in the State to unite in saving ourselves.

A bill will be passed this winter creating a board of health, and unless we succeed in directing the character of this bill, as already stated, we shall be left to the mercies of the dominant school. Let every man wake up; and we would suggest that if many of the eclectics of Missouri who are now giving their influence to institutions and men outside of the State, would concentrate their efforts upon home interests and home institutions, they would help themselves more, and do more good for the cause. If we, who live in this State, do not protect ourselves in our rights, be assured that nobody outside of the State will help us. From the institutions and live men within the State are we to look for protection. Then let us work together; work together in harmony for each other and for the common cause.

**The National Eclectic Medical Association.**

A full and complete announcement of this association will be found, commencing on first page after second cover page, of this Journal. Prof. Wilder has furnished us with nearly enough for our February issue, and we insert them as far as they will go. Should any reader get a JOURNAL not containing the announcement referred to, let him understand that the eleventh annual meeting of the National Eclectic Medical Association will be held in St. Louis, Mo., beginning on Wednesday, the 15th day of June, 1881, at ten o'clock A. M., and continuing in session three days. The headquarters of the association will be the Lindell Hotel, where those in attendance will be entertained at \$2.50 per day.

We expect the largest medical gathering that has ever assembled west of the Mississippi. Eclectics of the West should, upon no account, lose the opportunity of participating in this meeting. The authors, professors, and leading men of this branch of the profession from all parts of the United States will be here, and all can have an opportunity to see them and hear them speak. Let every man make it his business to be in St. Louis June 15, 1881.

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**The Eclectic Medical Society of Missouri.**

The twelfth annual meeting of this Society was held in the lecture rooms of the American Medical College, St. Louis, on Thursday and Friday, January 13th and 14th, 1881. The meeting was called to order by the president, Edwin Younkin, P. D. Yost acting as secretary. Rev. J. H. Foy invoked divine blessings upon the meeting, which was now opened in due form. The attendance was the largest since the organization of the society, and many topics of vital interest were presented and discussed in a lively manner.

Parke, Davis & Co., of Detroit, Mich., had a representative present, with a fine display of their fluid extracts of new remedies, sugar coated pills and granules, capsules, etc., and they no doubt made many new acquaintances that will become regular and profitable customers. Their goods are first-class, and invariably give satisfaction where properly tested.

As the minutes will appear in pamphlet form, with all the resolutions, essays, and papers read and presented, we only give a brief



exhibit of the doings. Committee on Publication—Pitzer, Rutledge and Wright. Committee on Medical Legislation—A. Merrell, J. T. McClanahan and T. B. Owens. Delegates to National, to the number of fifteen, were duly appointed.

The following are the officers elect for the ensuing year :

John W. Thrailkill, president ; G. D. Coe, vice president ; P. D. Yost, secretary ; Edwin Younkin, treasurer ; T. W. Miles, corresponding secretary ; Geo. C. Pitzer, foreign correspondent.

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### **Corns—How to Remove Them.**

Saturate a small piece of cotton with alcohol, apply it to the corn for a minute, then with a sharp scalpel or knife carefully separate the corn from the healthy tissues, which is easily done by a careful handling of the knife and gentle pulling with forceps, while the parts are being immersed with alcohol. If the alcohol dries away while operating, apply the saturated cotton again, and I frequently find it necessary to apply this several times before the operation is completed. The alcohol not only lessens the sensibility of the parts, but it facilitates the separation of the hard corn from the soft and tender tissues. *This cures*, and that without drawing a drop of blood, or producing any pain, except what results from pulling on the corn with the forceps. After raising one edge, it is about like removing a piece of adhesive plaster.

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### **The Kansas State Society.**

Read the notice to Kansas physicians. The men of Kansas mean business, and they should have encouragement from all directions. Nowhere has eclecticism grown more rapidly than in Kansas, and this is due, principally, to the untiring energy of the representatives in that State. No eclectic in the State should neglect to attend the approaching meeting. It will be one of the most interesting ever held in the West—the largest—and many topics of vital interest to the general and individual interest of every man in the profession will be under consideration. The American Medical College will have at least one representative there if not more. Let nothing hinder a full attendance.

### MISCELLANEOUS PARAGRAPHS.

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#### Notice to the Medical Profession of the State of Kansas.

The next annual session of the Kansas State Eclectic Medical Association will be held in Union Hall, Topeka, on the 8th, 9th and 10th of February, 1881, commencing at 3 p. m. on the 8th. And it is hoped that every member, delegate or visiting physician from other States will be present at the first, and every meeting during the convention, in order to reap its full benefits, as it promises to be the largest gathering of medical gentlemen ever coming together in the West, and one that will be of unusual interest and profit to all in attendance. Many distinguished Eastern physicians and college professors have promised to be present and add their practical abilities to the interest of the occasion; also, another valued feature is, that a chemical manufacturing house, a medical and surgical instrument manufacturing house and a medical book and periodical publishing house have solicited room in the hall, and notified the Secretary of their intention to be present with large amounts of their physicians' supplies, goods, publications, etc., so as to acquaint their houses with the physicians in attendance, and supply them with any desired articles at reduced figures.

The following hotels of our city have consented to entertain delegates at reduced rates. The Fifth Avenue Hotel, Gordon House, Dutton House, Burtis House, Poppendick House, Capital Hotel, Crawford Hotel and Restaurant, Central Hotel, Harvey House and Orient Hotel and Restaurant. The railroads of the State have all generously consented to return physicians in attendance at the convention (who paid full fare to Topeka), at one cent per mile. The State Senate and Legislature then being in session it will be a good time to visit your prosperous State's Capital city.

Remembering that all who have received their state medical certificate under our present medical law, *from this society's State Medical Examining Board* are eligible to membership in this society on application, unless otherwise decided on examination of the applicant by its board of censors, they being *all* the members of our State Examining Board, thus appointed from their facilities of acquaintance with the applicants to that board from every section of Kansas.

All the officers of the association, the Examining Board and the various committees, are to meet at the Topeka Medical Institute, Sixth and Kansas avenue, the day before the assembling of the convention, to complete arrangements, finish committee work, report, etc.

The society will assemble at 3 p. m., on the 8th, after being called to order by the President, Henry Owens, M. D. His Honor, the Governor, John P. St. John, will deliver an address to the society in behalf of the State, to be responded to in behalf of the profession of the State at large, by J. L. Furber, M. D., after which the fraternity will be welcomed to the city by the Mayor, his Honor Milton H. Case, which will be responded to in behalf of the society in convention, by J. Milton Welch, A. M., M. D., when the assembly will receive the honors from its President (annual address) and proceed to the regular business of the society.

At the evening session, 7 p. m., the convention will have the pleasure of listening to an address by one of the earliest medical pioneers of the State, Charles Williamson, M. D., the balance of the evening to be devoted to regular business, reports of cases, essays, etc. Also at 9 a. m. and 2 p. m. sessions on the 9th. At 7 p. m. on the 9th the convention will assemble with the populace at the Quincy street Methodist Church, where, after the meeting is opened with prayer by the Rev. Dr. Cowles, the assembly will have the pleasure (and treat) of listening to an able address by T. H. Phillips, A. M., M. D., to which the Senate, Legislature, physicians from any school of medicine, the ladies and general public are cordially invited. Next meeting, at 9 a. m. on the 10th, will probably conclude the deliberations of this convention.

The officers, State Examining Board and General Committees of this society are as follows;

Officers—Henry Owens, M. D., President of Society; T. H. Phillips, M. D., First Vice President; H. G. Kernodle, M. D., Second Vice President; David Suber, M. D., Third Vice President; Noah Simmons, M. D., Treasurer; A. M. Eidson, M. D., Secretary; J. Milton Welch, M. D., Assistant Secretary.

State Examining Board—P. I. Mulvane, M. D. (President of Board), Henry Owens, M. D., J. P. Roberts, M. D., Noah Simmons, M. D., J. Milton Welch, M. D., Wm. McMullen, M. D., A. M. Eidson, M. D. (Secretary of Board.) Alternates of the State Exam-

ing Board—A. W. Alford, J. A. Read, M. D., J. H. Firebaugh, M. D., J. M. Rockhold, M. D., W. H. Willhoute, M. D., J. N. Easter, M. D., H. Patrick, M. D.

Committee on Printing and the Circulation of Medical Literature to Members of the Association—A. M. Eidson, M. D., Noah Simmons, M. D., John McKlintick, Sr., M. D. Committee on Finance—P. I. Mulvane, M. D., J. L. Furber, M. D., J. C. Sweezey, M. D. Committee of Delegates to represent this Society to the National Eclectic Medical Association, which convened in Chicago the second Tuesday in 1880, were J. P. Easter, M. D., Wm. McMullen, M. D., Noah Simmons, M. D., P. I. Mulvane, M. D., S. E. Martin, M. D., Wm. Jacobs, M. D., A. W. Bixby, M. D., Henry Owens, M. D., T. H. Phillips, M. D., J. L. Furber, M. D., J. A. Read, M. D., P. C. Armstrong, M. D., Charles Williamson, M. D., W. C. Hamilton, M. D., A. W. McCormack, M. D., fifteen, the number of delegates to the National each State is entitled to. Committee on Revision of Our Constitution, By-laws and Code of Ethics—T. H. Phillips, M. D., P. C. Armstrong, M. D., Wm. Jacobs, M. D., M. R. Cohen, M. D., W. Sibley, M. D.

Committee on Report of Cases, Addresses, Essays, etc., for next Meeting—Noah Simmons, M. D., W. F. Hazleton M. D., G. C. Chaney, M. D. Committee to draft a State Fee Bill to be submitted to next Session—A. Dawson, M. D., E. L. Williams, M. D., C. N. Bishoff, M. D., W. C. Conrey, M. D., W. A. Cormack, M. D. Committee on Public Addresses of next session—W. C. Hamilton, M. D., J. A. Read, M. D., A. D. Beach, M. D. Committee of General Arrangements for next Session consists of all the Members of this Society residing in Topeka and Shawnee county. Committee on Medical and Sanitary Legislation—T. H. Phillips, M. D., Noah Simmons, M. D., J. L. Furber, M. D., W. C. Hamilton, M. D. Committee on Resolutions of next session—R. M. Wright, M. D., W. H. Willhoite, M. D., J. J. Thompson, M. D., W. J. Winner, M. D., S. M. Riggs, M. D., W. C. Hamilton, M. D., G. H. Brown, M. D., J. H. Grinnall, M. D.

Physicians in attendance at last session promising essays or lectures on medical subjects at this session, were as follows: J. L. Furber, M. D., Nervous Fever; W. Sibly, M. D., Sciatica; P. I. Mulvane, M. D., The Eye and Ear; Wm. Jacobs, M. D., Diphtheria; W. J. Winner, M. D., Malarial Fever; H. G. Kernodle, M. D., Nasal Catarrh; E. A. Tuttle, M. D., Scarletina; W. H. Stillman, M. D., Pneumonia; W. C. Hamilton, M. D., Mineral Waters; Wm. McMullen, M. D., Ovarian Pathology; P. C. Armstrong, M. D., Duties of the Profession to each other; Charles Williamson, M. D., Early Epidemics of our State; J. A. Read, M. D., Menstrual Pathology; E. L. Williams, M. D., Scorbutis; R. M. Moscher, M. D., Anasarca; C. N. Bishoff, M. D., Hypodermic Medication; D. A.

White, M. D., Difficulties of Parturition; S. E. Martin, M. D., Uterine Hemorrhage; J. Milton Welch, M. D., Specific Medication; A. W. Bixby, M. D., Specific Diagnosis; E. Gratigny, M. D., Cancerous Growths; A. M. Eidson, M. D., Status of Eclecticism in the West.

As we see the names of many able professional men, and some interesting subjects in the above list, we may expect some very scientific production, and we hope all will have them put in writing with an extra copy to file with the archives of the society, so they may be embodied in the next volume of society minutes; if any preparing exercises should not be able to be present, please send the same to the address of your secretary, to be offered to the association; any member of our society who unavoidably must be absent, should remember he can still partially keep his shoulder to the wheel of medical progress by sending post office order for his annual dues, \$2.00 (if he be not in arrearage, if so, that amount also), at once to the address of the secretary, and receive society's receipt by return, as we all know it to be necessary for the vital sustenance of any society, that its financial status be kept in a normal condition. All society communications should be addressed to its secretary, who will be pleased to answer any questions to the best of his official abilities, believing no physician who receives this notice, can personally afford to absent himself from the benefits of this convention. I am very truly and fraternally yours, etc.,

A. M. EIDSON, M. D., *Secretary*.

TOPEKA, KAS.

P. S.—Union Hall is near the center of the block on the west side of Kansas avenue between Sixth and Seventh street, where the convention meets.

### **Horsford's Acid Phosphate.**

Dr. S. T. Newman, of St. Louis, in referring to this preparation, says: "I have used Horsford's Acid Phosphate in nervous exhaustion and in nervous disturbances connected with an overworked brain, and am satisfied that it is a remedy of great service in many forms of exhaustion."

ST. LOUIS, August 9, 1880.

### Incontinence of Urine.

DEAR PROF.:—Allow me to say a few words, and I am through for this time. Master B., aged sixteen years, came to me for treatment November 22, 1880, saying he wet the bed every night; had no knowledge of it until he had passed his urine. Treatment: Gave *rhus aromatica*, 20 to 40 drops twice each day. December 31, says he is well; does not wet the bed now. Gave him more *rhus* to use occasionally. He did not know when the trouble came. All of his life had been treated by different doctors without any change. Gave no other medicine; it alone cured.

Case 2.—Mrs. W., mother of seven children, called December 7, 1880; had been confined twelve or fifteen days previous. Dr. H. was with her, and continued treatment until I saw her. Found her very weak; she had flashes of heat, with burning in right cheek and eyes at the same time; had very freely discharged clotted blood from womb; rather sinking feelings at that time. Gave *rhus aromatica*, with addition of tinct. cinnamon, one-fourth dose, forty drops every three hours. Also gave *bryonia* and *rhus tox.* for the burning in face and eyes; *bryonia* one drop for dose, or 16 drops to 2 ounces of water, and gave one teaspoonful every two hours; made only one trip; got some more medicine on the tenth day. She is well now.

Doctor, I tell you, sir, the *rhus aroma* is a valuable medicine. I use my own tinctures, etc. Have already been too lengthy. Short meter is best sometimes. Yours fraternally,

F. McCLANAHAN.

### Quinia for Hypodermic Use.

The following formula was recommended by Dr. M. L. James, to the Richmond Academy of Medicine:

R. Quiniæ sulphatis, ʒ j; acidi lactici, min. xx; aquam destil. ad. ʒ j. M. He says the lactic acid prevents ulceration—[*Va. Med. Monthly*.

### Injection Bron

The following is believed to be the formula of the much vaunted gonorrhœal injection of that name, taken from the register in the French public offices:

R. Zinci sulph., grs. viij (.52); plumbi acet., grs. xv. (1.); tinct. catechu, ʒ j (4.); tinct. opii; aquæ, aa ʒ iij (96).

**Menorrhagia.**

Dr. Wm. Wood, of Bayrith, Miss., in the last number of the *Brief*, asks for best treatment of menorrhagia, and says he has tried everything, with no satisfactory results. If his patient be anæmic, give her the following: *R.* Ext. ergot fl., 10 drachms; tinct. nux vomica,  $1\frac{1}{2}$  drachms; mur. tinct. iron,  $5\frac{1}{2}$  drachms; syrup, simp., q. s.; ad. 4 ounces. *M.* Sig.: Teaspoonful three times daily, after each meal.

Then let him look to the condition of the uterus. If any ulceration, treat locally with iodine, and then use the following with syringe: *R.* Fluid hydrastis (Wm. S. M. & Co.), 2 ounces; pulv. borate of sodium, 1 ounce; pulv. alum, 1 ounce; aq. dist., q. s., 8 ounces. *M.* Sig.: Teaspoonful put in teacupful of tepid water, and inject slowly morning and night.—[J. M. PERKINS, M. D., in *Medical Brief*.

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**Art. VIII.—Heredity—What It Is as Applied to Drunkenness.\*—**

BY A. W. FOREMAN, M. D., Whitehall, Ill.

In the light of modern science every phenomenon is explainable by the one term, force.

When we see the giant trees of the forest bend before the onward sweep of the storm, all recognize and admit the force of the wind. When we see the ponderous overshot wheel, or the more miniature turbine, under its weight of water, revolving the machinery of a vast factory, which gives employment to hundreds of men, women and children, we are ready to cry aloud, "What a force has water!" We would look with awe upon the manifestation of the force of a volcanic eruption. These are physical forces so manifest as to be perceived by the most obtuse minds.

But there are forces more subtle but not less potent in their respective spheres, which are not so perceptible to the casual observer. Few people have thought to look upon the every-day sunshine as a force, when in fact it is the source of all forces. The locomotive, when flying across the plains with the velocity of the wind, is but obeying the impulse of the sunshine which has been stored up for ages in the coal fields, only now to be liberated by the process of combustion, and thereby converted into motion subservient to the will of man.

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\*Read at the annual meeting of the Eclectic Medical Society of Missouri, January 14th, 1881.



All the movements of the human body are clearly recognized as physical forces in motion. It is only when we approach the intellectual and psychical side of man that we tread upon debatable ground.

Force may be defined as any cause which is capable of producing motion in matter, or of stopping or altering its direction when produced. The varieties of force commonly recognized are heat, light, electricity, magnetism, chemical affinity, motion, and we will add, the human mind and passion. Even matter is now declared to be but a mode of motion.

These forces are not distinct and individual but are clearly relative and may be converted one into another. Heat may be converted into motion and motion may be reconverted into heat, chemical affinity into electricity, and electricity into magnetism. These changes may be rung *ad infinitum*, limited only by the ingenuity and appliances of the operator.

Force is either potential or working. A potential force is one stored up ready for use, as the sunshine of past ages is stored up in beds of coal ready to be converted into working force by combustion. Working force is simply force in motion, potentially made active.

Nature's methods of action are uniform. Thus, when we have elucidated the manner of her action in one manifestation of force, we have the key which unlocks the whole mystery. The radiant energy of the sun reaches us in waves or undulations appearing as light, heat or actinism. Sound waves reach the ear in the same way. The heart beats, and with every pulsation sends along the arterial channels a vibratory wave which carries the blood with it. The nerve forces doubtless act in the same way. It thus seems that all manifestations of force when reduced to their ultimate conditions are in the form of undulations or vibrations. We have said that the human mind is a force. We might say it is the sum of all forces as registered in the sensorium of the brain. As the brain receives its impressions of external facts or things through the agency of the five senses, it follows that if we can discover how we see, hear, smell, taste and feel, we will have made a long stride toward a lucid explanation of the whole phenomenon of mental as well as physiological operations.

We look at an object and say of its color that it is red. A semi-explanation of this phenomenon is that the substance is of such a physical character that all the rays of light striking the object are absorbed except the red one, which is reflected or left on the surface.

But the exact explanation is that the light reflected from the surface of the object looked at vibrates in the exact time required to produce the phenomenon called red light. All shades of color are simply luminous rays vibrating in different times. A red ray is one vibrating about 395,000,000,000 of times per second. While one vibrating 509,000,000,000 of times per second the human eye would detect as yellow, and one vibrating 763,000,000,000 of times would be violet. It is interesting to notice here what an exact correspondence there is between the color scale and the musical scale. One note is an octave above another when it vibrates twice as often in a given time. We find the musical scale composed of seven notes. The color scale has the same number of degrees. Number seven of the musical scale vibrates in a given time, a little less than twice as often as number one of the same scale. Number seven, the violet ray of the color scale, vibrates in a given time, a little less than twice as often as number one, or the red ray of the same scale. From one to eight is, therefore, a perfect octave in color as well as in music. Thus light and sound have no material existence, but are simply vibratory manifestations of force, beating in such times as to produce the subjective phenomena upon the brain known respectively as light and sound. We notice now that the brain, through the eye and ear, takes cognizance of external objects only by vibratory forces.

We started out with the proposition that nature's methods of manifestation were uniform. We have analyzed the senses of seeing and hearing, and without further explanation shall apply the same principles of action to the other senses. Our fingers come in contact with a substance and we call it hard, or another and we call it soft, or of another which we call smooth. The expressions, hard, soft and smooth, simply indicate subjective phenomena, produced upon the brain through the special sense of feeling, by objective vibratory forces. We smell. Some odors we call pleasant, some disagreeable. These differences are explainable the same way: Vibratory forces beating in different times, reaching the brain through the olfactory nerves.

We now come to taste. We like a certain food or drink because it tastes good. But what is taste? We place sugar in a child's mouth, and he calls it sweet. We exchange it for a crystal of citric acid; he calls that sour; quinine he would call bitter. But what is there in these substances to produce such radical differences in the subjective phenomena we call taste? We can only say again that their molecular vibrations are such as to produce upon the brain through the nerves of taste the results we have by common consent called sweet, sour and bitter, and that the whole subjective phenomenon is simply a registration of these vibrations in the brain. We have now reached the conclusion that seeing, hearing, feeling, smelling and tasting are objectively and subjectively vibratory forces, depending for all their varied phenomena upon a difference in time.

As a matter of scientific curiosity we suggest that could the auditory nerves receive vibrations as rapid as the eye, we could see with our ears; or could the optic nerve receive vibrations as slow as the ear, we could hear with our eyes.

It is well known that a bad smell, by continual exposure for a considerable time, ceases to convey to the olfactories the sense of unpleasantness. Sugar seems sweeter at the first taste. Unpleasant sounds, making a perfect din, after a little time are scarcely noticed. Tobacco, so unpleasant to the sense of taste at first, gradually loses its unpleasantness as the use of it becomes habitual. Keeping in mind the force of habit as an effect of the five senses, we are now prepared to advance a step further. Within the system there is a varied manifestation of forces. We have already mentioned the effects upon the brain through the nerves of the special senses. We have mentioned the beating of the heart, and the wave-like motions of the arteries. There is also the muscular force under the control of the will, and the more subtle formative or vegetative force by which the process of waste and repair is carried on.

This seems to be the connecting link between the grosser external forces and the internal forces of body and mind. This will be apparent, if it be remembered that forces may be potential or active, and that the food and drink we take are potential in form, and by the processes of digestion and assimilation become working forces, either in the form of muscular movements or mental and passionnal activities.

That every effect must have an adequate cause is a self-evident proposition. That like causes, other things being equal, will produce unvarying effects is equally self-evident. Experience has shown that wheat and beef contain the best possible form of potential energy for conversion into muscular forces; starch, fat and sugar for forces of direct combustion; fish, rich in phosphorus, for mental activities, while alcohol in its various forms, tobacco and other narcotic stimulants are the potential forces par excellence for ready conversion into the uncontrollable activities of passion. We have already spoken of passion as a force. We believe it is no more necessary to prove this than to prove that heat or electricity is a force. We believe, further, that it is an inherited force, a potential energy handed down from parent to child.

Ribot says that "heredity is a biological law which itself results from another law—that of the transfer by generation of the attributes of physical and mental life. The laws of generation govern everything that lives; the plant as well as the animal, or as well as man."

No domain of life is exempt from the operations of these laws. In fact, hereditary transmission operates through the sources of life itself, and when reduced to absolute simplicity amounts simply to the old saw that "like produces like," or, in other words, the progenitor is repeated in the descendant.

It has been urged as an objection to this doctrine that the daughters of drunkards rarely turn out drunkards themselves. The reply to this objection is that among all civilized people woman has a much higher regard for public opinion or the esteem of others, than man. Her love of approbation, as an element in her character, is a ruling passion, and ordinarily keeps in subjection every other passion force that would tend to degrade her in the eyes of her fellow beings, or lower the standard of her self respect.

But the daughters of drunkards, when they become mothers, will quite certainly produce sons who will possess, to a large extent, the passion forces of their grandfathers. "This is termed reversional heredity or atavism, and is scarcely amenable in any degree to education."

This doctrine of heredity is not new. It is as old as the bible certainly. It was a Jewish maxim that when the parents ate sour grapes it set the children's teeth on edge. One of the prophets

of the bible also said that the iniquities of the parents should be visited upon the children even to the third and fourth generation. What could this mean but heredity? In the light of scientific investigation it is no difficult matter to make such a prophecy. It is the boast of many of our older men, who are disposed to make wry faces at modern temperance movements, that when they were boys everybody drank whisky; that it was kept in every family, and when visitors came, no matter who—neighbor, physician, preacher, or stranger—the *ne plus ultra* of hospitality was to produce the inevitable bourbon or rye and indulge in a hearty drink all round.

And yet they say there was but little drunkenness. This is exactly in accordance with the prophecy referred, to as it is also with the doctrine of forces as enunciated in this essay. These old men, our fathers, were then eating sour grapes, and we, their children, *have* our teeth set on edge. They were then practising iniquities which are *now* being visited upon *us*, their children, precisely as the prophet said.

When we look over the world of varied phenomena that presents itself to our view, we see what seems to be a great multiplicity of individual and disconnected activities. But upon careful investigation we discover that nothing stands alone—that all things are relative and connected one with another. We have already intimated that every phenomenon, whether physical, physiological, intellectual or passionate, can only be explained as a manifestation of force. We have also said that these various forms of force were convertible one into another. We have divided these into potential and working or active forces. As an effect in turn becomes a cause sufficient to produce a new effect, so an active force in turn becomes a potential one sufficient for the production of a new active force. We have also seen how external forces, through the medium of the special senses, impress themselves upon the brain and then become the potential energies of the mind, and that, in this way, a given effect, when once produced, is more easily produced a second and a third time.

Thus are established what we call habits. These habits are the potential energies which are transmitted from parent to child and are ready at all times to be fanned into the flames of activity.

We have said that the best form of potential energy for the pro-

duction of muscular force is wheat and beef; for the direct forces of animal heat, starch, fat and sugar, and for the production of the blind, uncontrollable forces of passion, alcohol and tobacco.

We know it to be a fact that peculiarities of form, such as great developments of muscle, or length and size of bone, or great obesity, exist in certain families almost as a fixed quantity, reappearing in each succeeding generation with considerable constancy. As we know by experience the value of muscle producing foods, we must conclude that the progenitors of the muscular families were largely consumers of those foods, while the progenitors of obese families were eaters of starch, fat and sugar. So drunkenness is an effect of a cause which is hereditary and largely inherited, and neither morality, religion nor intelligence can control it. Indirectly, however, they have much to do with reformation. A man would be sunken low in degradation who could not be aroused to a sense of the immoralities and personal abuses of the drunkard's life. These spasmodic awakenings lead men to efforts of reformation, but experience has shown that, sooner or later, the smouldering volcano, the potential forces of drinking habits, bursts anew into the active flames of drunkenness.

What, then, is the duty of the hour?

As physicians, as students of science, what can we do to better the condition of our fellow-men, physically, mentally, morally? The answer is ready.

We must teach all men that there is no escape from the legitimate results of their own acts, and that these results will as certainly appear in their offspring as the night succeeds the day. If men could be brought to understand that their acts, whether good or bad, do not end with themselves, but reappear as a fixed quantity in the constitutions of their children, a modest charity compels me to believe that they would practice more of virtue and less of vice, more of sobriety and less of drunkenness.

If the young women of the land could be induced to lay aside the frivolities of fashionable society, and for a moment confront the stern realities of future motherhood, in view of the certainties of hereditary transmission, what one of them worthy to be called mother, would take the risk of inviting even a wine-bibber to share with her the responsibilities of parentage?

The love of our offspring is the strongest of the tender passions. If this love, with a full knowledge of the final result of our drunken orgies or licentious conduct will not restrain us, then are future generations cursed indeed.

Shall we then go on in our debauches, or shall we reform and thus permit our children to lead lives of happiness and virtue?

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**Art. IX.—A Cough—How to Treat it.—By S. H. POTTER, M. D.**

In phthisis, bronchitis, and kindred affections, cough and expectoration are the first symptoms which attract attention, occasion alarm and suffering. Cough is so very common that it is of vast importance to know its character, and the best means and measures to prescribe in order to lessen or soothe it. It is the object of this article to discuss the action of certain remedies employed in the maladies named, and which diseases give so large per cent of mortality within the temperate zone throughout civilization.

1. *What constitutes a cough?* "It consists in deep inspiration, closure of the glottis, and violent expiratory effort, by which the glottis is forcibly opened by the compressed air, which carries with it, in its exit, mucus or other matters which may have lodged in the lungs or respiratory passages. The medulla oblongata is the nervous centre for the action of coughing. It is bilateral, and situated on each side of the central raphe. It is excited into action, reflexly, by irritation of the respiratory branches of the vagus; distributed to the glosso-epiglottidean folds; to the whole interior of the larynx; to the trachea, especially at its bifurcation; and to the bronchi, and the substance of the lung itself, as well as the pleura when it is inflamed. Irritation of the internal meatus, at the point to which the auricular branch of the vagus is distributed, also excites coughing; and so, also, may irritation of the spleen and of the liver."

2. Since coughing is a reflex action, due to irritation applied to a sensory nerve, and reacting through a nerve centre upon the respiratory muscles, it is manifest that it may be soothed or lessened, either by removing the cause of irritation, or by diminishing the excitability of the nervous mechanism through which it acts. Both these methods are available to fulfil indications for treatment of cough. The use of saccharine and glutinous substances readily

lessens irritation, and are often employed for this purpose in lozenges or troches, etc. When these substances are applied to the tongue, back part of the throat, and fauces in the form of syrup, jelly, emulsion or drink, they have a marked effect in allaying cough. They can have no effect in allaying the nervous mechanism below the throat, nor after they are absorbed into the blood, so far as we know. The mucilaginous substances taken for a cough form a coating over the tongue and throat, protecting these parts from the irritating action of the air and other matters passing over them, and increasing the flow of saliva, and thus rendering expectoration more fluid and less irritating, explains their probable action in soothing a harrassing cough, a fact of common observation.

3. The use of mucilaginous substances containing opium, morphine, chloroform, hydrocyanic acid, or other so-called sedatives, have a complicated action not so readily understood. In such preparations we have the soothing action of the mucilaginous compound, combined with the local sedative action of morphia, or whatever sedative is employed, upon the inflamed or irritable mucous surfaces at the root of the tongue, back of the throat, uvula and fauces, rendering their local action much more effective than that of mucilaginous substances alone. Such drugs have a local specific action upon the peripheral ends of the sensory nerves, lessening their sensibility to impressions, when swallowing them, and they pass over the irritated or inflamed parts; though comparatively slight, this impression becomes much greater when the sedative is incorporated with mucilage, it adhering to the surface a longer time, allowing a much longer period for action. When the sedative is swallowed, absorbed from the stomach and intestines into the circulation, and conveyed by the blood to the medulla oblongata, and also to the inflamed mucous membranes, in which the blood circulates more than in other parts of the body, giving a general and local quieting result. Some sedatives, such as vapor of conium, or hydrocyanic acid, inhaled, lessen the irritability of the sensory nerves in the respiratory passages, and thus lessen or allay cough. Others, such as spray of ipecacuanha, and inhalation of essential oils and terebinthinous substances have, probably, a different action, do not lessen the irritability of the sensory nerves in the respiratory tracts,



but alter the nutrition of the mucous membrane in such a way as to diminish the irritation which the abnormal condition exerts upon the nerves. In laryngeal phthisis one of the best methods to relieve the irritated larynx is to apply the sedatives locally, either with a soft brush, or, better, by blowing it in a fine powder directly upon the inflamed surface. A mixture of one-sixth of a grain of morphia to two grains of starch, introduced into a glass tube of a suitable shape, and blown down the throat at the instant of a deep inspiration, is particularly beneficial in laryngeal phthisis. This is thus distributed over the interior of the larynx, exerting a local sedative effect upon the inflamed surface, and it has its general sedative and salutary influence, after it is absorbed, upon the central nervous system.

4. Great care is requisite to avoid the use of any powerful sedative in large doses, so as to endanger life. Our best teachers and works upon this subject abound with caution. Opium, if given in large doses, in bronchitis or other diseases of the respiratory passages, in which the expectoration is large, the irritability of the medulla may be so much diminished that it will no longer respond to even any active stimulus from the lungs, and of course the secretions continue to accumulate, and the patient awakes with the respiratory passages so clogged with mucus, etc., that his utmost efforts are insufficient to clear them, and he dies of suffocation. The active sedatives should only be used in graduated and moderate doses, so as to act merely as a respiratory sedative upon the air passages, and with beneficial effect and without ill results. Unfortunately, opiates not only influence respiration, but digestion, and usually diminish appetite and restrain the proper action of the bowels. Grave dangers must be avoided, such as suppressing appetite, digestion, and tightening the cough. A severe cough often exhausts, through the mere muscular exertion required in violent paroxysms of coughing during twenty-four hours; this is really more than equivalent to that of a person in a hard day's work. Observe a patient during one of the often repeated fits of coughing—see the face flush, then become dusky; the veins on the forehead and the jugulars swell and become tense, as if about to burst, giving venous engorgement and suffocating respiration. What we notice in the face and jugulars occurs in the right side of the heart; in the vena cava and portal

vein (which latter has no valves)—the increased circulation is transmitted to the veins of the stomach, intestines and spleen. This soon disturbs the digestion, and action of the heart and kidneys. The congested stomach gives rise to nausea and vomiting. Such patients are wakeful, having so little rest that they suffer nervous exhaustion, added to that muscular weariness and the great depression due to loss of appetite and nutrition.

We must, as far as possible, avoid the use of sedatives, and allay these violent and exhaustive paroxysms of coughing without disturbing digestion and nutrition. **R.** Hydrochlorate of morphia, gr. j dilute hydrocyanic acid, 18 minims; spirit of chloroform and dilute nitric acid, aa, one fluid drachm; glycerine, fl. ʒ jii; infusion of cascarrilla, fl. ʒ jj; give one-eighth part in mucilage every four or six hours. This may appear empirical, but I have often used it with excellent results. It appears to lessen or allay the cough without lessening appetite or digestion, and affording the much needed relief. The chloroform, hydrocyanic acid and morphia lessen the excitability of the respiratory centre; the nitric acid and infusion of cascarrilla have a tonic action upon the stomach; the glycerine and mucilage will retain the sedative a long time in contact with the irritated throat and act as a nutrient; moreover, the nitric acid has a very salutary action upon the secretion in the lungs, and serves to restore a healthy condition of the bronchial and lung tissues, and thus diminish coughing. Many other compounds may do as well; the object is to fulfill the indications named. The capillaries of the lungs have certainly wonderful contractile power, though we have but few observations on the action of drugs upon the pulmonary circulation, due to the difficulty of procedure. I have not duly studied the most recent observations and researches upon this subject beyond the fact that muscarin has the power to contract the pulmonary vessels, and that atropia abolishes the contraction. It is important that we acquaint ourselves with the developments as fast as made upon this interesting subject. In Beasley's "Book of Prescriptions," I found some years ago: "**R.** Lemon juice, ʒ ss; carbonate of potash, to saturation; decoction of cascarrilla, ʒ x; tr. digitalis, ten to thirty minims; acacia mucilage, ʒ x; to be given every six hours, in acute phthisis. Since I noticed this prescription I have used it with good results. The digitalis probably

contracts the vessels and thus lessens the pulmonary congestion, and hence lessens the cough. Carbonate of potash combined with a vegetable acid has a marked salutary effect upon the lung to soften the dry rales, which it does by rendering the mucus less viscid, increasing more fluid expectoration; the cough becomes less frequent and much easier. If the secretions are too copious and expectoration becomes too abundant and exhausting, the use of nitric acid, prudently prescribed, readily lessens this excess to the proper standard. Warm nourishment just before getting up, as a tumbler of warm milk or warm beef tea and a little bread, enables a weak patient to expectorate readily and freely, in severe chronic coughs.

5. The action of remedies to allay troublesome vomiting, which is sometimes associated with cough, is important. Vomiting, like coughing, is reflex; the medulla oblongata, closely associated with the respiratory centre, excited by the afferent nerves, the chief are the branches of the vagus, are distributed to the stomach, which, when congested, these nerves become irritated, and loss of appetite, nausea and vomiting occur. If irritation be due to indigestible food, the vomiting ceases after ejection; if due to gastric inflammation, local sedatives are indicated, such as small pieces of ice swallowed, which have local action upon the nerves; also, the use of such drugs as lessen the irritability of nerve centre, such as indicated to lessen and allay coughing, are the best means. For chronic vomiting in phthisis, after other remedies have failed, I have used alum with marked good results. This has no known effect upon the nerve ends or centre, but probably its astringent power contracts the gastric vessels, lessening congestion and consequent irritation, excited by persistent coughing, and in the manner before described. Anxious to stimulate inquiry upon this interesting and important practical subject, the foregoing is respectfully submitted.

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**Art. X.—Speculum and Speculum Examinations.**—By S. S. STAUFER, M. D. Philadelphia, Pa.

The examinations for diagnosis among the common ailments of women commonly called "womb disease," are principally the touch and speculum.

I doubt if any department in medicine has struggled to become a science as gynecology has. It is now a science, says Fordyce Barker. "The speculum and the uterine probe, by means of which, chiefly, this department of the profession has been raised to the rank of a special science." *Am. Gyn. Ass.* vol. 1. p. 39.

Thomas, Ed. IV, p. 66, while writing on the speculum throws rather a different shade over this and says: "This is by no means our most valuable diagnostic resource. As a diagnostic means it is inferior to vaginal and rectal touch, combined with abdominal palpation, etc."

Such collisions among the higher authorities create confusion and distrust among the profession, and result in disaster among the suffering humanity.

A "special science," or such that is only studied and practised by those who make it their choice, is not what this class of sufferers need or can accept.

It is a science simplified, that can supply the heretofore deficiency, common, and within the scope of every practitioner.

Thomas says in a clinical lecture: "When I first commenced to give clinical lectures on diseases of woman, I tried a plan which all young clinical teachers in this branch adopt for a time. I never knew one, however, who did not eventually give it up. The practice to which I refer is the attempted exhibitions to the class, of uterine troubles by means of the speculum; and I do not hesitate to declare to you that under such circumstances it is a farce, an impossibility, and often a fraud." —*Medical and Surgical Reporter*, Oct. 25, 1879, page 353.

After such instruction it is no wonder graduates enter upon their fields of labor without any expectation ever to see a living cervix uteri. I think I shall be able to show even on paper that the vaginal portion of the uterus can be exhibited as clear as if located externally.



Fig. 1.

Fig. 1 is a thin shell, hard rubber speculum. The conductor is shown as when withdrawn; and also within the speculum to show the rounded entering part. The thin shell leaves but a slight offset for the vulva to pass over. It increases the inside calibre so that in every case a size may be introduced that the entire cervix does

enter. Again, the thin shell readily separates the folds of the vagina from the cervix by rotation, and the smooth polished edge facilitates its sliding in.

The cervix enters in full and holds the speculum so firmly in position that the operator can leave it and procure what he needs, not already within his reach. The third of the series, or near one and a half inch calibre, reveals at least three-fourths of the cases in common practice.

The material used by the Hard Rubber Accommodation Works, of Philadelphia, Pennsylvania, for this purpose, is especially prepared, and can only be broken by crushing, but not from falling. The position of the patient from actual experience is given in my part III.

*Position of Patient.*—I have no authority in my possession which my experience so well confirms as Byford already, Ed. I., 1864. I shall, however, quote from Ed. II., 1871, p. 102: "She should lie down on her back across a bed so that the breech will be very near the edge; draw right up her limbs by flexing the thighs and knees, and place her feet, separated about twelve inches upon the side of the bed, very near the nates; in this position a sheet should be thrown over her so as to completely cover her person, and hang down several inches below her feet over the edge of the bed."

To this I would suggest that the sheet be very thin, and hang but a few inches below the speculum, instead of the feet, so that the funnel of the speculum may be closely surrounded by the edge of the sheet. The patient to be instructed to remove superfluous clothes while the physician holds the sheet securely over her; she will do this when she knows that she is protected from exposure; she will even strike the edge of the speculum and hold it in position, when the physician has to move without reach, or requires the use of both hands. But in taking her position she is liable not to bring the nates and heels into that close proximity required to complete success; yet during the introduction of this painless conductor speculum, she will doubtlessly assume that position when so commanded.

*Conductor.*—The conductor or director should not be removed, or even left to slide back, before the sheet is adjusted. If the os and cervix do not appear after the careful removal of the conductor,

they are brought within the mouth of the speculum in full, and nearer the operator, by rotation, if the calibre admits. By rotation and firm resistance the os is rolled about so that the cervix may be viewed all around.



FIG. 2.

Figure 2 shows the speculum with a skeleton mouth and cervix entered in full length. The view and chance of operating is, of course, through the funnel end. The speculum is, inside, enamelled, resembling flesh color. This attracts the light from a window and displays a natural view. This is still more facilitated by its being slightly tapered. The facility to operate through, and the large quantity of light drawn by a taper of  $\frac{3}{8}$  inch from mouth to funnel, can scarcely be believed, unless corroborated by experience. The dark spot on the funnel, represents a perforation always opposite the point, that its position can be known when embedded and under cover.

It is a fact that, if the patient be placed on a high gynecological table, in an hour over 100 students can move past and each have over a minute time (since two can see at the same time) to take a perfect survey of the size, shape and condition of the vaginal portion of the uterus. The "farce, impossibility or fraud" lies in slighting and rejecting latest discoveries. A husband or companion of the patient can stand by and see the operation as plain as the physician himself. This establishes complete confidence in the attending physician, whereas, no invitation to witness creates often, jealousy. Being unable to show the parts in question, even if extensively sore, leans towards the physician as being unaccomplished or his instruments imperfect.

I have frequently argued, that if the mother school of medicine had done full and undivided justice to the progress of the healing art, divisions and sects of medicine would not have arisen, and if they had, could not have flourished sufficiently to bruise or wound the parent stem. Notwithstanding the different opinions through medical divisions and diverse modes of treatments, there is much uniformity, as for instance in anatomy, physiology, obstetrics, etc. The closer the observations the nearer appears the ally.

The mother school has laid aside the lancet as if it were for the sake of her offspring; likewise the bulk of emetics and cathartics; reduced copious medication, and cut down numerous formulæ,

and admitted many of the new-school remedies in her pharmacopœia. This should be appreciated by the new schools, so as not to disregard any means having originated within the walls of the parent school.

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**Art. XI.—A Case in Practice—**By I. G. M. Goss, A. M., M. D.,  
Professor of Materia Medica in the Georgia Eclectic Medical  
College at Atlanta, Ga.

I was called to Mr. N. K., aged 76, who informed me that he had passed a very large quantity of clear urine daily for some six or eight months. I found him very feeble, scarcely able to walk in and out of his house; appetite craving, digestion good, bowels constipated, and great loss of weight of body. He informed me that two old physicians (*regulars*) had examined him, and said he had simply an overflow of urine, but no diabetes. I pronounced his a case of diabetes mellitus, and prescribed a meat and vegetable diet, and nitrate of uranium. I did not have my urinometer to weigh the urine, but I evaporated about 30 or 40 drops of it on a slip of glass over a candle, and it yielded a considerable quantity of pure syrup. I visited my patient in one month, and found him much the same as before. I now weighed the urine in my urinometer, and found it 1032. I put my patient now upon 30 drop doses of *rhus aromatica* and 20 drops of tincture of *helonias dioica*, alternated with small doses of nitrate of uranium. I gave each three times a day. I continued this one month, at the end of which I found my patient much improved; urine now 1020, strength much returned, and seven pounds heavier by weight than the last month; appetite good, bowels more regular. Continued the same treatment for another month. I have not visited him yet, but I am confident that he is still improving, or he would have recalled me to him. I attribute his improvement to the *rhus aromatica*, as I have tried all the old remedies in this hitherto intractable disease, without success. I consider that Dr. McCanahan has conferred a great favor upon the profession, and brought them under lasting obligations to him for this grand boon to suffering humanity. I have tried the *rhus aromatica* in several other urinary troubles, and find it a valuable remedy. In bed-wetting, in children, there is no remedy

equal to it. In incontinence of urine of old persons, it has no equal. In irritable bladder, it is the remedy *par excellence*. In diabetes, it excels all the other remedies, as helonias, nitrate of uranium and lycopodium—(bugle weed). I have tried it in chronic cystitis, and found it a good remedy, lessening the irritation and suffering of the patient. I advise the profession to give it a trial, and I am of the opinion that they will be well pleased with it. Parke, Davis & Co. put up a good fluid extract of this article, which I have found, like all their preparations, superior in strength. Where the article grows, it may be used in the form of a saturated tincture in doses of 30 to 60 gtts.

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### ABSTRACTS.

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#### **The Immediate Cure of Inguinal Hernia by a New Instrument.—**

By W. DUNNET SPANTON, M.R., C.S., ENG.

The different methods which have been practiced for the immediate or radical cure of hernia may be roughly classed under four heads, viz: 1. Contraction of skin and sac by excision, cautery or ligature. 2. Closure of the sac by adhesive inflammation. 3. plugging the inguinal canal. 4. Bringing the walls of the canal together.

The fourth plan differs materially from the others, in providing the remedy which Sir W. Lawrence pointed out as being required to contract the tendinous opening. The idea of bringing together the pillars of the inguinal ring in such a way as to restore the normal valve-like shape, is based on true anatomical principles, and to Mr. John Wood must be ascribed the great credit of having reduced these to valuable practical results. Stress is laid by Mr. Wood on the fact that, "to ensure success, complete union must be established along the whole length of the canal." This statement first led me to consider how far it might be feasible to secure such a result with greater simplicity and certainty. It will be observed that in using the wire sutures of Mr. Wood, as ordinarily applied, a hold is secured on the pillars of the ring at two points only, while the invaginated tissues are forcibly drawn up in such a way as, in some measure, to defeat the object the surgeon has in view, of ap-



proximating the sides of the canal as much as possible. By means of the operation I propose, you will see that these drawbacks are overcome, the points of security are multiplied, and the invaginated plug, being rather cylindrical than conical, is retained in position in such a way as to permit the walls of the canal to come as close together as possible. The instruments required are very simple—a thin, strong knife, like a 'tenotomy knife, for separating the skin from the subjacent tissues; and an instrument shaped like a cork-screw with a flat point and movable handle, nickel plated, and should be sufficiently strong not to break, but yet as thin as may be consistent with strength.

The mode of performing the operation in a case of ordinary oblique inguinal hernia is as follows: The patient must be in good health, have an aperient the day before, and an enema on the morning of operation. If necessary, the pubes must be shaved. Under the influence of an anæsthetic, the hernia is carefully reduced, and not allowed to come down during the operation. An incision is made in the skin of the scrotum large enough to admit the forefinger easily, over the fundus of the hernial sac, generally about two inches below the spine of the os pubis; and the skin is separated from the parts beneath by means of the blade or handle of a narrow scalpel, to an extent determined by the size of the hernia, and that of the inguinal canal. The operator, standing on the left hand side of the patient, the forefinger of the left hand is passed up to the internal abdominal ring, invaginating the fascia and hernial sac to the same extent. A careful examination is now made of the surrounding structures, the position of the vessels clearly made out, the size and shape of the abdominal rings noted, as well as the length of the canal. This is necessary, in order to have an instrument of the proper size. The left forefinger being retained in the hernial canal, protecting the spermatic cord, and at the same time closing the internal ring, the screw instrument, previously dipped in carbolic oil, is, with the right hand, thrust through the skin of the groin so as to transfix the aponeurosis of the external oblique muscle, at a point somewhat above that at which it is intended to pass through the conjoined tendon. Having given the instrument one-half turn to the right, if a right inguinal, and a whole turn if it be a left hernia, it is next made to pierce subcutaneously the con-

joined tendon of the internal oblique and transversalis muscles as high up as can safely be reached, the left forefinger carefully guarding the point, so as to avoid wounding the vessels or peritoneum. This part of the operation must be executed cautiously. It will then be found that, as soon as a hold has been secured by the instruments, the internal ring is practically closed. Another turn is now given to the screw, causing it to pass through the invaginated tissue—whether consisting of fascia, or sac, or both—and it is again passed through the external pillar, and then across to the internal pillar of the external ring, and another turn given, if possible, so as to bring the point out at the wound in the scrotum. The handle should then lie flatwise on the abdomen, and the point of the instrument be protected by a round piece of solid India-rubber, or by winding round it some carbolised gauze. A light pad is then placed over the part, and a bandage carefully applied. The amount of induration excited will be the guide as to the time for removal of the instrument, but a week has been usually found sufficient. The removal of the instrument is easily effected, as the suppuration which takes place along its course serves to loosen it somewhat; and by keeping it well oiled from day to day, it is easily withdrawn. The wounds will heal under any simple dressing, with pad and bandage. The aim of the operation is to bring together the pillars of the hernial canal, and at the same time to plug the opening in such a manner as to shut it off from the peritoneal cavity on the one hand, and on the other, to form an impassable barrier against any further descent of the bowel. So long as the general peritoneal cavity is not interfered with, so far is danger averted; and, if the hernial canal be effectually closed throughout, so to the like extent is the cure complete.

The operation is simplicity itself to any one accustomed to operative surgery; and, with regard to the danger attending it, I can only say that it has now been performed by myself and my colleagues in thirteen cases, in not one of which has any serious symptom been observed, the highest temperature recorded being  $101.2^{\circ}$  F., and, in eleven of the cases the cure has been complete; in the remaining two the patients have been greatly benefitted.—Complete in *British Medical Journal*, Dec. 11, 1880.

**Case of Strangulated Femoral Hernia. Operation Without Opening the Sac Rapid Recovery.**

James F., aged fifty-five, a delicate, decrepit-looking old man was admitted on May 15th, 1880, suffering from great sickness, with violent pain in the lower part of the abdomen. In the usual situation a very small femoral hernia was readily detected. Taxis having proved ineffectual, it was determined to delay operative interference no longer.

The patient was accordingly put under the influence of ether, and the operation was done with the usual antiseptic precautions. The skin over the hernia was incised, and the structures overlying the sac were then carefully divided on a director until the sac was reached. The nail of the index finger was then introduced under the edge of Gimbernat's ligament, and the stricture freely divided with Cooper's knife. The intestine was at once reduced, and a drainage-tube was inserted, and the edges of the incision were brought together by three silver wire-sutures. The wound was then dressed antiseptically, and the patient removed to his bed, feeling much relieved.

After the operation all sickness ceased, and rapid reaction from extreme collapse set in. In a week the patient was out of bed, and the wound was quite healed.

Remarks by Dr. Thompson.—I have had many cases of hernia requiring operation, but, unfortunately, hitherto at least 50 per cent of them have proved fatal; nor is this percentage, large as it undoubtedly is, in any way remarkable, for I feel convinced that if the statistics of operations for strangulated femoral and inguinal hernia were fairly recorded, the unsuccessful as well as the successful, the mortality would at least reach the percentage I have stated. This excessive death-rate can, without doubt, be accounted for—first, owing to the common practice of opening the sac; and, secondly, the non-employment of Lister's antiseptic precautions. The case just recorded seems to demonstrate the advantages resulting from both these proceedings. There are, of course, cases which require the opening of the sac; for instance, where the hernia is an old one, and the strangulation has existed for many days, or again, if the intestine is gangrenous. There can, I think, be no doubt that the modern practice of not opening the sac in recent cases of strangulated hernia is the right one.—*Complete in London Lancet*, Dec. 1880.

**Treatment of Blindness and Deafness Resulting from Cerebro-Spinal Meningitis—By EDWARD C. MANN, M. D.**

The blindness and deafness resulting from cerebro-spinal meningitis have generally been considered by the profession as incurable. We have been led to the study and investigation of this class of cases by a very fortunate result obtained recently in a case of blindness, which will be detailed further on, in which, by patience and perseverance in the treatment, sight was finally restored; and the results gained in this case, by the use of the constant current, have led us to believe that these cases are not all incurable.

I was much surprised when a patient of mine told me, recently, that an eminent oculist told her that she could allow an electrician to use the induced or faradic current for her child who was deaf as a result of cerebro-spinal meningitis. Naturally enough she got nothing but a very disagreeable effect, with no benefit whatever. There is a great difference between the chemical and catalytic effects of the galvanic and faradic currents. The former current possesses them in a very high degree—the latter has no chemical action in solution of salt, water, solution of albumen, etc. Ten years ago I commenced the study of electro-therapeutics and can, to-day, from almost daily experience with both currents in nervous diseases, state positively my firm belief in what Niemeyer stated in 1870, that, "in the constant current we have a means more powerful than any other of modifying the nutritive conditions of parts that are deeply situated."

The most interesting case was that of blindness so complete that all the oculists of eminence in the country, to whom the patient's parents had taken her, had pronounced the case absolutely incurable.

My treatment consisted in hypodermic injections of nitrate of strychnia; phosphorus and cod liver oil internally, and the constant current of electricity applied several times a day at first, for a few moments each time. I soon improved the general health, which was much impaired, but worked carefully on the case for some weeks with no appreciable benefit to the sight, so far as I could discover. One day, about eight weeks or more after her admission here, I was applying the current through the optic nerve, she exclaimed: "Dr. Mann, I can see a flash of light." Up to this time the retina had not responded at all to the constant current. She described the light

as appearing like heat lightning. From this time on there was steady improvement, and at the end of about six months I sent my patient home so well that she could see to thread a cambric needle. My idea of the pathology of this case was that we had optic nerves bound down by an organized exudation and that this disappeared, and that the atrophic and degenerative channels also disappeared as the effect of the constant current of electricity.

We believe that the results of our investigation in this direction will lead us to be able to class blindness and deafness resulting from cerebro-spinal meningitis among the curable forms of diseases of the nervous system. There are also chronic congestive states of the brain which tend to mental disorder if not checked, where, in my opinion, we have in the constant current of electricity the very best therapeutical means of cure. The vessels of the dura mater and pia mater and of the brain itself are habitually dilated in these cases and we have to get a tonic contraction of these vessels if we are to cure our patient. By using the positive pole at the level of the first cervical vertebra, and the negative at the level of the superior ganglion of either of the cervical sympathetic nerves, we can get this result. Two things must be observed in order to be successful: 1st. Long continued treatment; and, 2d. The avoidance of an injuriously strong current. It is well to use a slowly interrupted galvanic current to promote vascular contraction.—Complete in *N. Y. Med. Gaz.*, Dec. 4, 1880.

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**A Frequent Cause of the Failure of Berberis Aquifolium.**—By A. EDDMON, M. D., Fontogany, Ohio.

It is not the intention of this article to reflect on the physician who prescribes berberis aquifolium in combination with iodide of potassium. My object is only to show, as far as my experience has proven, that it is impossible to secure the full therapeutic effects of the drug in such combination. The following case, which is the second case of the kind, which came under my observation about four weeks ago, illustrates this fact:

A gentlemen of Minneapolis, Minn., about 30 years of age, called at my office to consult me in regard to secondary syphilis, with which he had been afflicted for the last nine months or more. The inside

of his mouth, lips and tongue was affected with syphilitic ulcerations. I prescribed berberis aquifolium, but, on discovering the fact, he replied that he had taken that remedy regularly for the last six months, three times a day, and that he was just as bad now as when he commenced; that he had lost faith in that remedy, which had been highly recommended by his physician. Having had considerable experience with berberis aquifolium I was rather surprised at the failure in this case, and enquired how he had taken the remedy, and he produced a prescription which he had obtained of Dr. Hammond, of Minneapolis, Minn., which was as follows:

**R** Potass. iodide,  $\mathfrak{z}$  iij; fl. ext. berberis aquifolium,  $\mathfrak{z}$  ij; elixir simpl., q. s. to make a mixture,  $\mathfrak{z}$  vj. Sig. One teaspoonful three times a day.

He had taken this for six months steady, during which time he had been compelled to call a physician twice to prescribe for irritation of the stomach from the excessive use of potass. iodide. The man had cause for discouragement. In connection with this prescription he used a mouth-wash composed of tinctura ferri chloridi, acidi muriatici dil., potass. chlorate and water, but derived no benefit from it. I advised him to discontinue the above prescription and to use fluid extract berberis aquifolium (Parke, Davis & Co.), twenty-five to thirty drops, three times a day, and to use fl. ext. eucalyptus globulus as a wash for the affected parts.

A few days ago I learned from the gentleman that he is improving rapidly under this treatment.

This is the second case which has occurred in my practice, in which berberis aquifolium in combination with potassium salts has failed, and in which, when the drug was given alone, the most satisfactory result ensued.—*The Therapeutic Gazette*.

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### Remedies for Spermatorrhœa.

Tincture of gelseminum (green-root) in doses of thirty drops, three times a day, has an excellent effect in checking nocturnal emissions.

**R.** Sulphate zinc; pulv. rhubarb; extract hyoscyamus, *aa* 2 grains; extract belladonna,  $\frac{1}{4}$  grain.

For one pill. To be taken three times a day until the effects of the belladonna are noted, then twice daily, with: **R.** Bromide

ammonium,  $\bar{3}$  ss; tinct. lupulin,  $\bar{3}$  j; camphor water,  $\bar{3}$  iij. Mix. Tablespoonful at bedtime.

*Helonias dioica* has proved successful in doses of 10 to 15 grains of the crude root, pulverized, three times a day.

Dr. Adolphus considers *senecio gracilis* one of the best remedies, in dose of half teaspoonful, powdered, in water, three times a day. Also speaks well of *cannabis indica* resin, dose, half a grain three times a day.

A writer in one of the English journals states that nocturnal emissions occurring in healthy young men not addicted to self-abuse, may be entirely kept in check by drachm doses of tinct. sesquichloride of iron.

The following is an old, and, in many cases, successful formula :  
**R.** Gelsemin, 8 grains; lupulin, 48 grains. Mix and divide in 16 powders. Dose, one at bedtime.

Aconitine 1-16 grain at bedtime, is said to have cured obstinate cases.

Dr. Mitchell used ergot satisfactorily, giving it in doses of one-half drachm to a drachm daily, of the freshly powdered drug.

*Digitalis* is of undoubted benefit in some cases. It may be given thus : **R.** *Fld. ext. ergot*,  $\bar{3}$  j; bromide potass., grains xv; tinct. *digitalis*, gtt. x. For one dose. To be taken three times a day.

Dr. Warning relates an obstinate case cured in fourteen days with *lactucarium*, two grains gradually increased to eight grains daily.  
**R.** Chloral hydrate  $\bar{3}$  ijss; simp. syrup,  $\bar{3}$  ij. Mix. Dose, teaspoonful at bedtime. Dr. E. Q. Adams reports a case of nocturnal emissions cured with above. He also reports a bad case of spermatorrhœa cured with : **R.** Tinct. *collinsonia*,  $\bar{3}$  j; water,  $\bar{3}$  iv. Mix. Teaspoonful four times a day. **R.** Bromide potassium, grs. xxx; lupulin, grs. v; gelsemin, gr. ss. Mix. Take in water at bedtime. Or : **R.** Bromide potass., grs. xxx; tinct. gelsemin (*green-root*), gtt. x. Take in a tablespoonful of camphor water three times a day. If for nocturnal emissions, only one dose at bedtime.

Monobromide of camphor, 2 or 3 grains in capsules four times a day, is reputed a valuable remedy.

In most cases, owing to the relaxed condition of the mouth of the ejaculatory ducts, injections of astringents, as alum, hamamelis,

etc., will be of benefit. A suspensory bandage should also be worn, and the following rules observed :

1. Avoid all sources of sexual excitement.
  2. Bathe the parts with cold water 10 minutes, night and morning.
  3. Evacuate the urine before going to bed.
  4. Sleep on a hard bed with light covering, lying on the right side.
  5. Arise at the first awakening in the morning.
  6. Avoid the use of the stimulants, tea, coffee, tobacco, and medicines or drinks of a diuretic nature.—*New York Medical and Surgical Journal*.
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**Anthrax.**—By J. T. WOODS, M. D., Toledo, Ohio.

It is now about two and a half years since a patient presented with two carbuncles, one on the back of the head, the other below it on the neck. They were of moderate size only, the upper one open in three places, while in the lowest the skin was unbroken.

Having considered the various known properties of the carbolic acid, I determined to use it vigorously instead of inserting it in meagre quantity. I loaded my hypodermic syringe, and passing the point through the openings and into the sloughing mass in every direction, I completely saturated it with the pure acid and awaited results. In a minute the smarting disappeared, and with it all pain and all sense of soreness gone.

By this result emboldened, I again charged my instrument, and thrusting it through the skin over the other carbuncle in a variety of places, I soaked the whole carbunculous mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation, and destroy any septic elements then developed. I waited, not without concern, and was delighted to learn in a few moments that all the pain and soreness was gone in this also. The skin over the mass became quickly white, hard and dead, and in a few days detached in the form of a slough; the interior mass also becoming rapidly loosened, only requiring the cutting off of a few shreds to remove it, when the cavity was found to present a satisfactory appearance and rapidly filled up, leaving an exceedingly small cicatrice. The remarkable feature in this case was that after the complete saturation of the carbunculous mass no pain occurred, my pa-



tient going about his ordinary labor without discomfort. It is now one year since I treated a very painful case, the same method bringing about similar results, the party suffering no pain nor even soreness after the lapse of one minute following the injection.

In making this suggestion, which, so far as I know, is new, I am conscious of the insufficiency of my cases, but I am so sure of its efficacy that I shall at once resort to it when case and occasion offer, and advise others to do so, at least until the value of the measure is determined.

In conclusion, I would advise the use of pure acid only, and to complete saturation. Dilution would increase, if not create danger of absorption of the acid, converting a very simple procedure into a condition of great danger, and insufficient quantity defeat the purpose for which it is used.—*Toledo Med. and Surg. Journal.*

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#### **The Patent Medicine and Druggist Question versus the Medical Profession.**—BY LEMON T. BEAM, M. D., Johnstown, Pa.

Having read with considerable interest an able article in the November number of the *Summary*, by Dr. Willard H. Morse, on an open question—"Shall we trust the druggist?" I venture to enlarge the question, and record a few observations relating thereto.

There is no question in the medical profession as to what should be done with secret nostrums, and the physician who stoops so low as to prescribe or indorse such an article, is unworthy of the confidence and esteem of his brethren. But the question, "Shall we trust the druggists?" is not so easily adjusted.

Dr. Morse's views with regard to it are worthy of a careful consideration at the hands of our brethren—are pointed and suggestive. That they are not utopian I would fain believe; but the question must be thoroughly discussed, and that, too, from all stand points. Much must be done, both with respect to the medical profession and druggists, before they can be carried into practice.

In ordinary cases of indisposition *money* is thought to be *saved* by the use of a remedy obtained without the additional payment of a professional fee. And just here, the relations between druggists and physicians is growing more *lovely* day by day. What with the increasing patent medicine trade, counter-prescribing, substitution and

repetition of prescriptions, the dispensing question is growing quite interesting.

As things are going on at present, there seems to be but one way of meeting the difficulty, and that is for each physician to take his individual patients in his own hands, dispense his own medicine, and, so far as his influence extends, supplant quack, secret or patented medicines, by the adaptation of non-secret remedies to meet the popular demand. The people will have their pain killers, cough and worm syrups, blood purifiers and the like, the medical profession to the contrary notwithstanding.

My position on this question was stated in positive terms in the first edition of the *Herald of Domestic Medicine* (issued in 1870), to wit: "My domestic remedies are prepared and designed alone to meet emergent and the most simple cases, in the absence of a doctor. For this purpose you should keep them in the house, and when a case occurs in the family of one or another of the hundred ills that are sure to come, select the remedy adapted and treat accordingly. If the symptoms are protracted or threatening, send without delay for your family physician. Furthermore, if you can obtain of your family physician, or if a physician of repute in your community will furnish remedies thus prepared and designed to meet emergent symptoms, I advise you by all means to support him, in preference to buying those that are imported. Make it a rule never to buy or use patent or secret medicine. Support and encourage the medical profession, the business of whose members it is not only to furnish all that is required in this direction, but to warn the public and use their influence against the sale or use of quack nostrums."

It will be observed that by my course I am, in a quiet way, helping to settle, also, the "physician and druggist" question. And while I maintain that it is not beneath the "professional dignity," and that from a personal experience its practical workings are satisfactory, I also maintain that it is of benefit both to the physician and the public. It is not, as may be alleged, going back to an ancient custom, since with the facilities at hand, there is a great deal of difference between the old fashion, when the doctor weighed, and measured, and mixed his own prescriptions, and that of simply handing the patient a box of artistically prepared pills, or a bottle

of an enticing elixir. And why should he *not have* and *give* the preparation at once, instead of sending his patron to a druggist, where there will be fifty per cent more to pay?

I do not wish to incite any unreasonable prejudice against druggists, in referring to the above measures, as I have had an experience in that connection myself.

Many of them, no doubt, act as fairly as possible in their relations to the patent medicine craze, and to the doctor and his patient. But counter-prescribing, and the other evils complained of prevail much more than they ought to do, and any measure that will legitimately lessen these evils, should be instituted and encouraged.

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### **The Treatment of Gonorrhœa.**

Mr. W. Watson Cheyne, assistant-surgeon to King's College Hospital (*British Medical Journal*, July 24, 1880), has carried out a series of experiments in the treatment of gonorrhœa which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrhœal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is—5 grains of iodoform, 10 minims of oil of eucalyptus, and 35 grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this, an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.

## EDITORIAL.

**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

For terms of advertising, address GEO. C. PITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### Small Pox.

This disease is exciting a great deal of apprehension just now. It is prevailing in different parts of the country, and many cases are proving fatal. St. Louis seems to be favored thus far, and we hope but little of this disease will be seen here.

Vaccination is the great preventive, and that our patrons and friends may be protected against this loathsome disease, we should immediately procure some genuine cow-pox virus and go to vaccinating the people—men, women and children.

If small pox comes we should meet it bravely and firmly, and use every available means to prevent and relieve undue apprehension. These patients should be approached with the same air of indifference that should characterize our behavior in any ordinary case of sickness. We should not behave in a manner calculated to excite alarm, but a cheerful mood and easy manners should be observed.

The sick room should be entered, in cases of small-pox, without gloves, coat buttoned and hat on head, and no changes should be made after entering. The physician should not sit down, but immediately examine all the patients in the house. The examination should be thorough. The tongue, pulse, temperature and skin

should all be examined. When through with the examinations wash or wipe the hands with a napkin saturated with water in which a little carbolic acid\* has been dissolved. Then write your prescriptions or dispense your medicines, and as soon as your instructions have been delivered to the nurse take your leave. As soon as out of the house raise the hat and unbutton the coat, and if you have a few blocks, or a mile or two to travel, you will not be likely to carry the disease to anybody. I had charge of one hundred and three cases of small-pox within six weeks, and by simply observing the above precautions I never carried the disease to anyone. I made no changes of clothing other than those mentioned, even when coming home to my own family—wife and children. This disease is not contagious till the eruption makes its appearance.

Small-pox has a course to run, and no power on earth can stop it. We can modify it, save our patients much suffering, protect them against disaster in many cases, and, doubtless, save life in some cases.

Mild cases need little else than good nursing, while the more violent and malignant require prompt and vigorous treatment. The first three days of the disease decides the character of the case; it is mild, or it is violent in character, the violence being manifested in a different manner in different cases. Like all diseases, this expends its force upon the whole system, and where this force is equally distributed, we have but little to fear. But where the nervous system suffers out of proportion to other parts, or where the skin is violently invaded, we have cause for alarm. We may have at least three cases, all violent in character, and yet each differing, one from the others.

In the first case the nervous system suffers from excitement, and delirium or convulsions may result. We find the pulse rather frequent, moderately full and hard; temperature from 100° to 103° F.; eyes red, face flushed, headache and backache. If the patient is not delirious or suffering from convulsions, great restlessness is manifested. Gelsemium, bromide of potassium and hydrate of chloral are the appropriate remedies; or "bromidia" may be used instead of these. For an adult,  $\mathcal{R}$ . Bromidia, 3 ss; syrup simplex. 3 jss. M. S. One teaspoonful every half hour till compara-

\*Carbolic acid should be used freely about the house as a disinfectant.

tively quiet, then extend the intervals between doses, to one, two or three hours. Always dilute with a little water to administer. Should "bromidia" be objectionable to any fastidious dignitary, then let him R. Chloral hydrate, 3 j; bromide of potassium, 3 ss; tinct. gelseminum, 3 j; syrup simplex, 3 ij. M. S. Use the same as the bromidia prescription. Many cases like this will be met with among children, and the remedies advised will be found adequate to the emergency. If they are not well retained by the stomach, they may be given per enema in larger doses; and in cases of adults, or children from twelve to sixteen, small doses of morphia may be given, hypodermically or by the mouth, to quiet the stomach.

We occasionally meet with cases of small pox where the influence of the disease upon the nervous system depresses the patient at once. The pulse are frequent and feeble, respiration rapid, hands cold, finger nails purple, lips livid, and no eruption appearing on the surface, though it be time for its appearance; or if the eruption has commenced to appear, the rash or spots look dark or livid, and sometimes entirely disappear. The patient is not delirious, but seems indifferent to everything around him; in fact, he does not realize the danger he is in, for he suffers but little pain.

A hot mustard bath to the whole surface of the body should be administered at once. Then R. Carb. ammonia, 3 j; rye whisky, water, aa 3 ij. M. S. Two teaspoonfuls every fifteen minutes, with an ounce or two of hot water. As the pulse grows fuller and the hands get warm, extend the intervals between doses. Aromatic spts. of ammonia and brandy, equal parts, given in teaspoonful doses, with hot water, may take the place of the carb. ammonia and whisky; but something of this kind is imperative, and the doses should be full and frequently repeated.

But the most frequent cases of violence with which we meet are those where the febrile movement runs high, and the disease threatens to expend its force mainly upon the skin, giving us a case of confluent small pox. The pulse is frequent, moderately full and strong; the temperature 103° to 105° F.; the skin hot and dry; thirst urgent; pain in head and back distressing, but not so acute as in some other cases. The patient is not delirious, but is exceedingly restless.

Confluent small pox is to be dreaded, and it should be our aim

to prevent this if possible. We should make every possible effort to limit the eruption in every case where we suspect the great force of the disease threatens to expend itself upon the skin. It is a mistaken notion that this disease escapes from the body through the skin, and that in all cases the sooner and more freely the eruption makes its appearance, the better. No, sir; this eruption is simply an element of the disease, and the more limited this element, in all cases where a reasonable amount of vitality is manifested, the less will be the danger. Then our first business, in such cases, is to resort to efficient measures, if possible to limit this eruption—prevent confluent small pox, and then we need not fear the secondary fever.

These patients should be provided with light and well-ventillated rooms. I do not mean that the rooms should be lighted all day and night long, but they should be rooms in which the sun may shine at some time during the day. Nothing could be more destructive than to confine these patients in dark, back rooms, where the sun never shines. Such rooms are not healthy for anybody. The temperature of the room should be kept down to 65° to 68° F. Cool water or ice in small quantities should be given the patient. He does not suffer from cold, and all cover should be removed from him except one thin spread. No baths of any kind should be allowed. No measure likely to determine toward the surface should be adopted. Laxatives, like citrate of magnesia and bi-carbonate of potash should be given. Veratrum and aconite should be given to the extent of toleration, for the purpose of moderating febrile movement. Chloral and bromide of potassium are appropriate to give rest and secure sleep. No nourishment of any kind should be allowed till the violence of this period has passed, or till we become satisfied we have done all we can in restraining the eruption; from one to three days will settle this matter. If we succeed in limiting the eruption, as it makes its appearance the febrile movements subside, the patient feels better, and may now have some nourishment—milk, chicken or beef tea.

These are the means to which we resort in the management of small pox—the different cases described—for the first two, three or five days of the disease.

In all cases, as soon as the febrile movement begins to give way, we give our patients Macrotys. *R.* Fluid ext. Macrotys, ʒ ij.;

water,  $\frac{3}{4}$  jv. M.S. One teaspoonful every two hours. We sometimes resort to this from the beginning, using it in combination or alternation with gelseminum, bromide of potassium, etc. We are inclined to the opinion that Macrotys is a valuable drug in the treatment of small pox in more than one way. It certainly relieves pain in the back, without aggravating febrile movement. And we think it sustains the vitality of the muscular tissues of the body, and may exert a wonderful influence in supporting the whole system. It should be continued until the patient is convalescent.

After the eruption makes its appearance the temperature of the room may be allowed to run up to  $70^{\circ}$  or  $74^{\circ}$  F.

To prevent pitting, frequent applications of sweet oil and carbolic acid—one drop of acid to a drachm of oil—will do as well as anything else. Some prefer keeping the face covered with damp cloths wrung out of water in which a little carbolic acid has been dissolved, and this is good practice.

Many other suggestions might be made, but we have given the important outlines in the management of this grave disease, and only hope our readers may have but few opportunities to experiment with it.

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### **Ovariectomy.**

Our Prof. Younkin, on the 15th inst., removed an ovarian tumor of forty-five pounds weight. The operation thus far is a perfect success, the patient cheerful, resting well, but little febrile movement, and all going on well. Prof. Younkin will doubtless furnish our readers with a full report of the case in due time.

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### **Cerebro-Spinal Meningitis.**

We have had a new experience with this disease lately. One case, a boy eight years of age, was attacked suddenly, with pains in head and neck, nausea, vomiting, great restlessness, etc. Very soon vision was impaired—almost totally lost; deafness complete, and delirium violent. Bromidia, to the extent of toleration, controlled the delirium, and the sight returned; but, notwithstanding the disease was successfully arrested, and convalescence established, the hearing does not return. The boy is deaf. Of course this is not



a new thing, as a result of this disease, but every case of the kind gives the practitioner a new experience, and urges him to search for more potent remedies, or a more successful plan of treatment. We are employing the usual resorts—tonics, such as strychnia, iron, electricity, etc.

If any of our readers have had an experience with this disease, we should be glad to hear from them that we may give the benefit of their observations to the profession.

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### **Neuralgia.**

A private correspondent extols the salicylate of cinchonidia in neuralgia. We have found this to be a first-class remedy in many cases, and should like to hear from others.

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### **Warner & Co's Medical Cabinet for Physicians.**

We dispense our own medicines, and that our office might be complete, we ordered one of these medical cabinets, from Wm. R. Warner & Co. We have had it about one week, and the longer, the more we appreciate it.

This ornamental piece of furniture contains an assortment of 83 of the most important medicines and useful articles for the physician: Fine bottles, with glass labels; fine and accurately balanced scales, just such as every physician should have; and mortars, pill tile, graduated glasses, spatulas, pill boxes, corks, plasters, etc., all making one of the most complete outfits we have ever seen. And when the whole is put up in proper order, it outshines anything of the kind we have seen anywhere. Write to Wm. R. Warner & Co., 1228 Market Street, Philadelphia, for full description, price, etc.

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### **Scarlet Fever.**

We have had several inquiries for short articles or suggestions from country physicians regarding the management of scarlet fever. Please let us have a score of answers.

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### **Hysteria.**

A subscriber wants to know the best treatment for hysteria. Please send the editor short articles on the subject.

**Horsford's Acid Phosphate.**

A. C. Savage, M. D., of Chicago, Ill., says of this preparation, "I have used Horsford's Acid Phosphate in the following cases: As an adjunct to other medicines in malarial fevers, in intermittents, and alone during convalescence in all typhoid cases. I have used it with a degree of success in senile impotence, also in dyspepsia; and in one case I attribute my success in dissolving renal calculi to it."

CHICAGO, January 17, 1881.

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**Pneumonia.**

A subscriber in Texas wants some practical suggestions from different practitioners in the treatment of pneumonia. Come on with your experience. Don't be so modest, but if you have had success, let the readers of the JOURNAL have the benefit of your experience.

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**Hance Brothers & White.**

Some time since we were favored by a full line of this firm's goods for distribution among our neighbor physicians, that the merits of the goods might be fairly tested.

Among the articles were fluid extracts, elixirs, pepsin, absorbent cotton, and many other articles of equal importance. This firm takes great pains in presenting first class goods, and what they send out will compare with the products of any house in America. Their goods give entire satisfaction.

I would call special attention to their absorbent cotton. They put it up in packages of 2½ ounces to one pound. This cotton is one of the greatest conveniences in a surgeons office. They furnish all kinds of antiseptic cotton, and many admirable medicated dressings. See their advertisement, page xxv.

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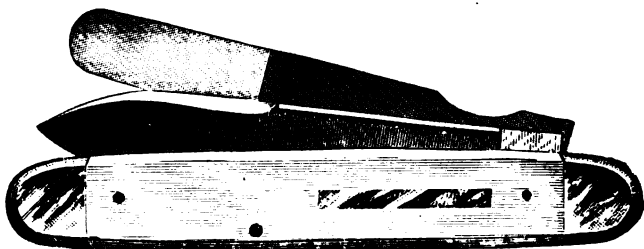
**Married.**

At Sheep Ranch, December 26, 1880, by the Rev. John Palmer, J. C. Gooding, M.D., and Miss Laura S. Terry. Dr. Gooding is a graduate of the American Medical College, and we heartily wish him much happiness in his new relation.

**A Good Joke.**

On Wednesday evening, Feb. 23, 1881, at the commencement exercises of the College of Physicians and Surgeons, St. Louis, after diplomatizing nine newly made doctors, the faculty was good and kind enough to confer honorary degrees upon Dr. J. Marion Sims, of New York, and Dr. Thos. F. Bryant, of Guy's Hospital, London, England. Of course these gentlemen were not present. Why didn't the faculty include Sir Thomas Watson, and Æsculapius, himself, for I am quite sure these gentlemen would take as much notice of it as Drs. Sims and Bryant, although both in their graves.

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**The Physician's Knife and Spatula Combined.**

We again call attention to this ingenious instrument. Here is a first class knife, with spatula blade in connection, making one of the most convenient instruments a physician can have. Price, \$1.50. Address, Maher & Grosh, 234 Monroe St., Toledo, O.

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**BOOK NOTICES.****THE MEDICAL RECORD VISITING LIST, or Physicians' Diary.**

We received this book too late for notice in our January issue, for which we are not responsible. It is one of the neatest and most convenient made, and many prefer it to any other. Its points of merit are its neatness, good quality of material, small size, and yet so arranged as to accommodate a large number of patients each week—thirty patients. Published by Wm. Wood & Co., New York.

**ROCKY MOUNTAIN HEALTH RESORTS.** An Analytical Study of High Altitudes in Relation to the Arrest of Chronic Pulmonary Disease. By CHARLES DENISON, M. D.

This is an interesting book for people seeking such information, and for doctors, who are daily consulted upon these subjects, it is one of the greatest helps at their command. Houghton, Mifflin & Co., Boston, Mass.

**OPHTHALMIC AND OPTIC MEMORANDA.** By D. B. ST. JOHN ROOSA, M. D., and EDWARD T. ELY, M. D.

This little book contains the practical parts of the subjects named, including surgical operations and medical treatment. An excellent reference book, and first-class authority. Wm. Wood & Co., New York.

**CUTANEOUS AND VENEREAL MEMORANDA.** By H. G. PIFFORD, M. D., and GEO. HENRY FOX, A.M., M.D.

This small book embraces the essential points in the history, symptoms and treatment of skin diseases, and those of a venereal character. Where a larger work is not within the reach or means of the physician, this book will take the place, and, really, the essentials are here. Wm. Wood & Co., New York.

**DIAGNOSIS AND TREATMENT OF EAR DISEASES.** By ALBERT H. BUCK, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, Instructor in Otology in the College of Physicians and Surgeons, in the City of New York.

This is high authority on diseases of the ear, and is one of the best and most practical works in the market. It belongs to Wood's Library of standard authors, but may be had singly by addressing C. C. Pease, St. Louis, Mo. It contains over four hundred pages of matter, bound in first class cloth. If you want a late work on the ear, one suited to the country practitioner, especially, order this book from C. C. Pease St. Louis, Mo.

**A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS—Designed as a Manual for Practitioners and Students—BY L. RANNEY, A. M., M. D.** Over 400 pages, tinted paper, bound in best cloth, published by Wm. Wood & Co. New York: For sale by C. C. Pease, St. Louis, Mo.

A TREATISE ON DIPHTHERIA—BY A. JACOBI, M. D. 252 pages, fine tinted paper, bound in best cloth, published by Wm. Wood & Co. New York : For sale by C. C. Pease, St. Louis, Mo.

As diphtheria prevails everywhere this monograph should sell rapidly.

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### MISCELLANEOUS PARAGRAPHS.

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#### **Chronic Enlargement of the Spleen—Ergotine Hypodermics.**

We select the following from a paper read before the Dist. Med. Soc., N. W. Mo., by Dr. A. Goslin: I feel sure it is the experience of most old physicians that this malarial hypertrophy of the spleen has been a source of annoyance and disappointment, and this, no doubt, has led surgeons to recommend splenotomy in order to get rid of the annoyance, as well as to give the most relief, in many cases, to their patients. Now, we should hail with joy any safe method of treatment which promises to deliver us from this prolonged course of treatment—a course which so often ends in disappointment to our patients and mortification to ourselves. Last July I began the treatment of these cases by *hypodermic* injections of ergotine into the cellular tissue over the spleen, and the results have been so satisfactory, and I have been so elated over my success in quite a number of cases, that it has determined me to give a brief synopsis of them to this society, that others may be induced to try it; and should they be equally successful, it will prove a blessing to doctors as well as to patients.

Case—Mrs. G., aged nineteen; married; seven months pregnant: I saw her on July 19; found her propped up in bed, and had to be fanned all the time, as she suffered terribly from dyspnœa—a gravid uterus and an enlarged spleen; and when I say an enlarged spleen, it does not express it. The spleen extended from the left hypochondrium to the pubis, and across to the median line, the uterus occupying the right half of the abdomen. She was the most typical specimen of hydræmia that could be imagined—not a particle of red color anywhere. Her eyelids hung like sacks of water, and she had general œdema. She had been abandoned as a hopeless case by an old physician who had treated her for three

weeks. On July 21 I gave her 20 minims of ergotine over the spleen, hypodermically; in half an hour her pulse was reduced from 140 to 115; the arterial tension was much increased, and breathing better. I gave iron, quinine, and phosphorus regularly for the first two or three weeks, and a hypodermic injection of ergotine about twice a week, until thirteen injections were given, with a rapid improvement in all her symptoms. The spleen was reduced rapidly, and very perceptibly after each injection; at the thirteenth, it could scarcely be found at the margin of the ribs. Her waxy color gave way to a ruddy hue; her breathing became natural, and September 8, at last visit, instead of being confined to her bed, was found chasing the pigs out of the cornfield. This was a case of malarial hypertrophy of the spleen of fifteen years' standing. I can find no case on record where hypodermic injections of ergotine have been administered to a pregnant woman, and we might theoretically object to it for fear of arousing the uterus to action; but I can state that no such symptoms were developed in this case.—*St. Joseph M. and S. Reporter.*

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#### **Pulvis Glycyrrhizæ Compositus.**

Dr. E. T. Blackwell proposes the following modified formula: *R.* Sennæ pulv., 8 grains; sulphur loti, 8 grains; sacchari salbi, *aa* 3 ss, 8 grains; fœniculi pulv., 4 grains; glycyrrhizæ pulv., *aa* 3 ii, 4 grains in each teaspoonful, in all 32 grains. *M.* Laxative 16 grains, excipient 16 grains—an equal proportion.

No one will question, I think, the improvement in bringing the quantity of sulphur to equal that of the senna, which it so much surpasses as a laxative. Nor does it prove less acceptable to the taste, while it is better tolerated by the stomach.—*Med. Times*, Nov. 20, 1880.

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#### **Nocturnal Terrors in Children.**

An analysis of Dr. Wertheimer's description of this malady, by Dr. Gottardi, contains the following therapeutic points: All causes of nervous excitement should be carefully avoided, especially during the hours immediately preceding bed-time. Bland and scanty sup-

per, without stimulating drinks, such as tea or coffee. A room sufficiently large and moderately lightly, in order that the child may, on waking, immediately recognize the surrounding objects. Quinine and bromide of potassium, to the latter of which some chloral may be added, are the drugs which have proved most serviceable. The general health of the child or infant should also be improved by a suitable regimen, including tonics, open air exercises, and gymnastics.—[*Arch. Med. belges*, May, 1880.

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**Low Temperature in Disease.**—DR. L. WOODS, of Pittsford, Vt., writes:

"Having seen but few low temperatures recorded, and wishing to know the lowest temperature with which a person can live, I report the following case, hoping it will call out others.

"December 6, 1880.—In a case of uterine cancer, I found temperature of  $91\frac{1}{4}^{\circ}$ , pulse 88, at 9.45 p. m., nine hours before death took place from exhaustion. Owing to circumstances beyond my control, I was unable to obtain another record nearer death. At 9 a. m. of same day temperature was  $94\frac{1}{4}^{\circ}$ .

"December 13th.—In a case of pneumonia, on the seventh day, the temperature had fallen to  $97\frac{1}{2}^{\circ}$ , pulse, 56. On the eighth day,  $95\frac{1}{4}^{\circ}$ ; pulse, 52. On the ninth day,  $97\frac{1}{2}^{\circ}$ ; pulse, 48; and the tenth day,  $97\frac{3}{4}^{\circ}$ ; pulse, 54. The highest temperature was  $103\frac{1}{2}^{\circ}$ , on the second day; highest pulse, 120. This case recovered.

"In neither case was there any hemorrhage or diarrhoea to account for the low temperature. In both cases it was carefully taken in the axilla.

"I find a case of typhoid fever recorded by Dr. Parkes, in which on the seventeenth day of the fever the temperature was as low as  $93^{\circ}$ ; blood was largely passed in fluid stools the night preceding. I do not learn whether the patient recovered or not. Dr. Cheyne records a case of typhus fever in which 'a few days before death he observed the temperature to fall to  $95^{\circ}$ '. In yellow fever, a fatal case is reported with a temperature of  $96^{\circ}$ . In cholera, Dr. Finlayson, of Ceylon, found the temperature in the axilla from  $92^{\circ}$  to  $97^{\circ}$ , while Dr. Keir, of Moscow, found it under the tongue to be from  $79^{\circ}$  to  $88^{\circ}$ .

"I notice several other cases reported, but, as the temperatures were taken under the tongue, I do not consider them reliable, and consequently, of no value."

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#### **Varicocele and Its Treatment.**

C. Nebler (*Inaug. Dis.*, Breslau, 1881; *Chl. f. Chir.*, 1880, p. 635) urges the radical operation—double ligature after laying open and excision of a section of the venous plexus—with antiseptic precautions. He says this is absolutely without relapse and usually harmless. His views are based on five cases operated upon by Fischer. Nebler also concludes that atrophy of the testicle, which was observed as the result of two operations in Halle and once by Miflet, is not necessarily the result of the operation, but of the simultaneous wounding and ligature of arteries. Experiments on animals are brought forward by Nebler in support of this view. He regards the older operations as frequently dangerous.—*Philadelphia Medical Times*.

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#### **Bromidia in the Typho-Delirium of Pneumonia.**

As a refreshing and certain hypnotic no remedy surpasses bromidia. But in my practice I have found its chief value as a remedial agent to be in the certainty with which it controls the typho-delirium so frequently present in croupal pneumonia during the stage of consolidation. Opiates can not and ought not to be administered during this stage, from fear of weakening the already flagging heart force; nor should aconite, digitalis, or veratrum viride be prescribed during this stage. In connection with quiniæ sulphatis (fifteen to twenty-grain doses) and carb. ammonia (ten-grain doses) every three or four hours, the bromidia, besides its power over the delirium and producer of refreshing sleep, acts as a safe and very powerful heart tonic. There is no better remedy under such circumstances, and Messrs. Battle & Co. have conferred a great boon upon suffering humanity by their discovery of this happy combination. During the present winter I have used the Bromidia in fifteen cases of pneumonia, with the very happiest results. With quiniæ as an antiseptic, heart tonic, and anti-leucæmia; ammonia carbonate as a stimulant; aconite as a sedative in the congestive



stage; eggs and milk as a food, and Bromidia to allay delirium and produce refreshing sleep, the cautious physician who watches his cases closely will have better success in treating pneumonia than those of his neighbors who adopt the old plan of treatment. Dr. Franklin said: "A stitch in time saves nine." So the vigilant physician can, by closely applying his remedies to the indications for their use, and stopping them the very minute the indications for their use ceases, and turning his cases over into the hands of nature to complete the cure, can save the grief and expenses of a funeral to his patrons, and his own bill from going into the hands of an administrator for settlement. The Bromidia is the "stitch in time."

JESSE E. THOMPSON, in *Medical Brief*.

Salem, Mo.

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#### **The Treatment of Uræmia in Children by Pilocarpine.**

From the study of eleven cases, all treated by muriate of pilocarpine, Dr. Praetorius, of Mayence, arrives at the following conclusions: The action of the alkaloid of jaborandi on children may be recognized by active carotid pulsation, reddening of the face, and profuse perspiration, which begins on the forehead, upper lip and chin, and gradually extends over the whole body. These symptoms appear about three or five minutes after hypodermic administration of the drug. Accompanying the diaphoresis, a profuse salivary secretion is observable. In infants the salagogue action is the more reliable of the two. The temperature is affected only in so far as the evaporation from the sweating, cutaneous surface, produces a slight temporary lowering. The single dose of the drug is 1-32 to 1-3 of a grain (0.002—0.02). The children, as a rule, complain of severe nausea, and vomiting is frequent. Conditions of slight collapse are sometimes noticeable. The following *resume* of inferences is appended to the paper:

1. The treatment of uræmia by hypodermic use of pilocarpine gives satisfactory results. It appears advisable to resort to this plan of treatment as soon as headache, an irregular pulse and vomiting point to the probability of renal complications.
2. The contraindications for its employment are: the presence of grave complications, abnormal weakness, collapse or general cutaneous dropsy.

3. It appears that in "glomerular" nephritis pilocarpine fails to produce a beneficial effect. But as this variety of Bright's disease cannot be differentiated from other forms by our present methods of examination, this condition cannot, of course, be classed with the contraindications.

4. In addition to the diaphoretic action of the muriate of pilocarpine, a direct influence on the renal secretion appears to exist.— [*Jahrb. für Kinderheilkunde*, September 2, 1880.]

#### **Painful Hemorrhoids.**

R. Extract of belladonna, 3 ii; iodoform, 3 i; acetate of lead, 3 ss; vaseline, 3 i. M. S. Apply three or four times daily.

The above will be found a most excellent application for painful or inflamed piles. The tumors should be bathed in cold water just before each application, and the bowels kept freely open with a gentle purgative.—*Medical Herald*.

#### **Felons—Ammonia.**

J. P. Siddall, M. D., Indianapolis, Ind., says:

I have been using for the last 25 years a remedy, which I have never known to fail to abort the disease and process.

It consists of strong aqua ammonia and water, equal parts. Apply a bandage and keep it wet with the above mixture, and in a few hours, usually, improvement will have set in.

I do not, of course, use this mixture after the felon has broken or been opened.—*Therap. Gaz.*

#### **Iodoform in Affections of the Eyes.**

M. Hayer (*Allg. med. Cent. Zeit.*) states that iodoform is a very valuable remedy in the treatment of certain subacute and chronic affections of the eye and the eyelids. It has been employed with advantage, particularly in the treatment of granulations. He recommends it also for ulcers of the cornea, obstinate keratitis, etc. The fine iodoform powder should be applied directly to the affected spot by means of a hair pencil. For application to the lids he uses a salve of one part iodoform to four parts vaseline. The iodoform causes no pain, and can therefore be employed without difficulty in the case of children. The remedy is useless during the watery stage of conjunctivitis.—*Med. Record*.

**Suppurative Discharges From the Middle Ear—Dry Treatment.**

Spencer advises (*Am. Jour. of Otolaryngology*), in place of the hot water douche and astringent solutions generally used, the dry cleansing with absorbent cotton and the dry dressing with the same, to protect the wound from the air, at the same time that they attract the discharge from the middle ear, and cause a gentle stimulation which conduces to healing.—*Specialist and Intel.*

**Chloral in The Vomiting of Pregnancy.**

Dr. Hertsberg, of the Berlin Charity, in *Berlin. klin. Woch.*, calls attention to the great efficacy of chloral in vomiting in the early months of pregnancy. He also uses the following formula: R. Chloral hydratis, gr. xvij.; syr. aurant. cort. ʒ iv.; aquæ, ʒ iiss. Dose. Tablespoonful every two hours until vomiting stops.—*So. Med. Record.*

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**Art. XII.—Ovarian Cyst—A Case in Practice—Ovariectomy—The Operation Successful.—By PROF. E. YOUNKIN, M. D.**

In May last, I received a letter from Mrs. C. C. Graham, of Abingdon, Illinois, with the following statement: "I have been sick for nearly two years with what Drs. R. and P. call dropsy; I suppose dropsy of the abdomen. I have a hurting below, and at the left of the pit of the stomach; the abdomen is enlarged, tense and hard. There is soreness across the lower part of my abdomen. My back is weak and my urine scant and high colored. My appetite is poor and my stomach is often sour. My age is fifty-four years and I thought that I had passed the change of life about two and a half years ago, but for the last two months I have had an almost constant menstrual discharge, which at times is pale and at other times quite dark. I have taken the comp. powder of jalap and senna, cream of tartar, mandrake, elder, Indian hemp and elaterium, until I can take them no longer, on account of the severe action and pain they produce. I do not expect you will give me much encouragement, but having known you so long, and in former years you having been our family physician, I am anxious to have your opinion in my case."

As intimated, I have been acquainted with Mrs. G. in former years. She was the mother of four children, about medium stature, dark complexion, black hair. Having practiced my profession alongside of Drs. R. and P. in former years, I stated in reply that

these gentlemen were intelligent men and it was reasonable to suppose that they, having a personal examination of her case, could tell more about it than I, as I could only judge from the brief array of symptoms given in her letter, but it was my opinion that she had an ovarian tumor.

On my way to the National Eclectic Medical Convention, which met at Chicago in June last, I was requested to call that way and make an examination. I did so, and found unmistakable evidences of an ovarian cyst. The fluctuation was more indistinct than in ascites, the walls of the abdomen moved over the walls of the cyst and could be distinctly felt. The enlargement had begun in the left ovarian region, and as it grew it extended to the right side and higher up in the abdomen. The general health was better than what we might expect in ascites. I told her plainly that the only real hope of cure consisted in an operation—ovariotomy, and this was attended with great risk, but, as she was, death was inevitable at no far distant period. As a temporary relief from the pressure I thought it best to tap the cyst and draw off the fluids, and by the time it filled again she would have time to consider the matter and make up her mind as to what course she would prefer. I introduced the common trochar and canula one inch below the umbilicus and drew off two patent buckets full of brown fluid, thus producing an entire collapse of the cyst. I prescribed fluid ext. apocynum, ten drops to be taken three times a day, with the hope of hastening the fluids of the body through the kidneys and bowels. This produced the effects mentioned, but withal the cyst soon began to fill. In the course of a short time the quantity of the above drug produced too active a catharsis and some nausea and the dose was lessened. Tinct. ferri mur. and cinchonidia were given to husband the strength.

This woman is intelligent. Her father was a physician, and she had studied Beech and Morrow, until, in the absence of a reformed physician, she assumed the task of treating the members of her own family.

The diagnosis of an ovarian cyst being made, a new field of investigation was opened to her view, and aside from the sea of questions propounded to me she set herself about to investigate the literature upon this subject. I felt it my duty to aid her in her

investigations and to answer every question with fairness, and then let her draw her own conclusions as to the course to pursue in the matter.

*Questions and Answers.*—The following are some of the interrogatories propounded by the patient during the period of investigation.

*Question 1.*—Are you sure if I recover from the operation that it will not return again?

*Answer.*—Ovarian cysts belong to the class of innocent tumors; they are not likely to return, but the other ovary may be diseased and grow in after life. If the tumor is of a cancerous or fibrous character it is very likely to recur. Yours, however, is of the innocent class, and creates its disturbance mainly by its bulk.

*Question 2.*—Do you regard my case as one of many complications? In other words, is not my stomach, liver or kidneys so diseased as to make the case more hazardous?

*Answer.*—I do not regard your case as presenting unusual complications. Your stomach, liver and kidneys are oppressed more from the burthen of weight and pressure than otherwise, and I believe if you recover from the operation you will be comparatively healthy.

*Question 3.*—I fear that the cyst has grown fast in some places. Does not this take place sometimes?

*Answer.*—Yes. Your cyst is quite large and I expect some adhesions to the walls of the abdomen or omentum. Where they are not too extensive they are taken off and patients recover. If too extensive they might cause the operator to desist before completing the operation. In a case in this city, the uterus, all its posterior wall and the fallopian tubes were adherent to the cyst and drawn up to the umbilicus, besides other adhesion to the abdominal walls and omentum. They were all taken off and the patient made a good recovery.

*Question 4.*—Have I only one cyst?

*Answer.*—Yes. This question is definitely settled, since we tapped only in one place and produced a complete collapse of the enlargement.

*Question 5.*—If I should have the operation performed and should recover, what length of time will I have to lie in bed?

*Answer.*—You should be on your feet in about three weeks.

*Question 6.*—From what you know of my case do you think mine is as favorable as the others you have operated on who have recovered?

*Answer.*—Yes. I know of nothing that will particularly interfere.

*Question 7.*—What are the general results or per cent of ovari-tomy cases?

*Answer.*—Spencer Wells in 500 cases of ovariectomy had 372 recoveries and 128 deaths; a per cent of 74.4. In 100 cases operated on by Keith, eighty-four recovered, and still later this surgeon announces ninety-six per cent under the antiseptic spray. Shroeder in fifty cases had ten deaths, eighty per cent of recovery. Thirty-three of these were operated on in the Berlin Hospital—a place notoriously bad in its sanitary appointments. These were performed under the antiseptic spray and there was but the loss of one. It is difficult to determine the average per cent of the operations of ovariectomy performed by all the surgeons, but I think we may safely conclude that the recoveries do not exceed 66 2-3 per cent.

*Question 8.*—Will you give ether or chloroform? Is ether dangerous? I do not want to take chloroform.

*Answer.*—I prefer amyliated chloroform. This keeps the blood circulating through the brain, and, I believe, does away to a great extent, the danger we once had in the administration of chloroform alone. I do not like ether so well. It is more likely to sicken the stomach, and the patient, not so profoundly asleep, is liable to suffer from the shock of the operation. All anæsthetics are attended with more or less danger. I select chemically pure chloroform and to six ounces add from twenty to thirty drops of nitrate of amyl.

January 20th I received a letter stating that my patient had about concluded to undergo the operation—that I might set the time and come at my earliest convenience. "If, after an examination," I thought it best to operate, she would "try and muster up courage enough to proceed."

I thought this conclusion too equivocal, and wrote in reply that before I could consent to make a distance of 160 miles I must have an unequivocal answer to two questions. First, have you fully made up your mind to risk the operation? Second, what time shall I

come? The first one of these you must answer yes, or no, as I alone must be the one to decide when I come. The second you should decide, giving at least ten days to make preparations. These were now answered promptly and February the 15th was set for the day.

*Preparatory.*—My patient had of her own accord been dieting all the winter, thinking by this to produce some effect on the tumor. I ordered her now to eat light and digestible food; to take a bath every other day; to prepare her clothing in a way to be changed readily without the fatigue of rising up; to select an apartment, large, light, easily ventilated and free from all unnecessary furniture. The bed to be prepared in a simple manner,—a new mattress and at most a small feather bed. A thermometer in the room, and facilities for keeping the temperature at 65° Fahrenheit. To select intelligent and careful female attendants, and that it would be desirable to record the morning and evening temperature for four previous days. Upon the morning of the day previous to the operation take castor oil enough to produce two or three evacuations. Upon the previous evening take salicylate of soda, gr. v., and repeat this the next morning. Early in the morning of the operation take only as food a bowl of beef tea; at ten o'clock unload the rectum by an enema of warm water.

February the 15th found me at the hotel in the little city of Abingdon. Dr. J. H. Tilden, our rising professor of anatomy, and Dr. A. W. Foreman, of Whitehall, Ill., accompanied me and gave valuable service. The morning sun arose in splendor and spread its golden glory over the little cottage of my patient, which is situated at the foot of the college wherein I had spent my student life. The earth was white with the beautiful snow, and the gently wafting breeze seemed to whisper an encouragement to my ear. It was widely known that this was the day for the operation, and the numerous sympathizing friends with the gates of heaven ajar were supplicating a successful issue. Feeling that the prayers of the righteous availeth much, I, too, trusted in God and trimmed my armamentarium. An invitation was extended to the physicians of the town and when the hour arrived there were present Dr. J. H. Tilden, of St. Louis; Dr. A. W. Foreman, of Whitehall; Dr. Cater, of Macomb; Drs. Heller, Miller, Rowe and Belwood, of Abingdon.



It is worthy of remark that the above list of physicians were composed of the three different schools, Eclectic, Allopathic and Homeopathic. These were most pleasantly associated by a liberality which lurks within my bones.

How pleasantly to behold and see  
The friends of *Æsculapius* all agree.

Aside from these, the patient had selected a half dozen of the best women of the place. No surgical operation was ever *womened* with a more sturdy, self-sacrificing and pains-taking class of female assistants.

*Operation.*—At 11:30 o'clock, with a cloud of carbolic acid spray (one-fortieth per cent) falling upon her abdomen from the instrument of Codman and Shurtleff, the necessary incision in the linea alba, below the umbilicus, was made, and with a few snips of the knife the peritoneum was reached. With a pair of toothed forceps this membrane was pinched up and a small opening made through it, at the lower part of the incision, sufficient for the introduction of a director, which was then introduced and served as a guide and protector in cutting.

After the peritoneum was opened a bluish and shining sac presented, jutting over with peritoneal adhesions, and so firm were these that for a moment it was a question in my mind as to whether I had as yet penetrated the peritoneum, but a moment's manipulation convinced me that it was the walls of the cyst. Owing to the extensive adhesions in the whole course of the incision, the enormous size of the tumor, and the difficulty of manipulation, the incision was now extended upwards around the left of the umbilicus to about one inch above it, then, at the other extremity of the incision, down to near the symphysis pubis. The adhesions were then torn, separated with the fingers and handle of the scalpel; the thickest of them ligated with carbolized catgut. There were seven or eight of these ligatures which were cut short and allowed to remain within the abdomen. There was but one or two omental adhesions, which were low down upon the right side. As many adhesions as conveniently laid within our reach were thus severed, after which a wash tub was moved up to the side of the table and the cyst tapped with the trochar of Spencer Wells. The whole mass was now so reduced that it could be easily drawn out of the

abdomen. It proved to be the left ovary as diagnosed. The pedicle was now tied by one strand of fine silver wire, the ends of which were twisted upon each other, then rolled into a ball the size of a bird shot, so as to conceal the ends of the wire. The pedicle was cut, and with a small sponge, saturated with pure carbolic acid, the stump touched to whiteness, then dropped into the abdomen. There was but little loss of blood. The omentum lay between the tumor and intestines, and the intestines were not disturbed. Care was taken to wipe out the abdominal and pelvic cavities. The water used in the sponging, and that also in the spray, was distilled. All the distilled water was carbolized. Two gallons is necessary for an operation. Every physician who expects to assist about the incision must bathe his hands in carbolized water; every instrument used is thus previously bathed. Special care is taken to keep the walls of the abdomen moistened with the acid cloud; the walls of the abdomen are for a few moments held up to receive within the cavity of the abdomen the spray.

The wound was now closed with silver wire sutures about an inch apart. The sutures were set three-fourths of an inch from the incision, passing directly through the skin and peritoneum, the wound drawn together with a firm support, but not so tightly as to compress the circulation within the sutures. Gaping places between the wire sutures were secured by superficial silken sutures. The abdomen was dressed. First, a layer of carbolized gauze, held for a few moments over the spray, then placed directly upon the wound; over this a layer of absorbent cotton; upon this a piece of antiseptic silk; now a piece of Seabury and Johnson's rubber tissue, cut the whole size of the abdomen and placed over all; an abdominal bandage encircling the body, secured the walls of the abdomen and dressings. The rubber tissue, receiving the warmth and moisture set itself closely to the skin upon the abdomen and thus all was hermetically sealed. One quarter of a grain of morphia was now administered hypodermically—the patient removed to her bed and allowed to return to consciousness. Hot applications were placed to the feet and two lady assistants placed by the bedside to guard unnecessary struggling.

I never saw a patient stand an anæsthetic better. No excitement, no nausea, either in going in or coming out. No palidity

nor bad effect in any form. Duration of the operation one hour and twenty minutes. The tumor weighed forty pounds.

*After Treatment.*—The patient rested well the balance of the day and following night. The urine was drawn every six hours. No stimulants, food, nor medicine was given until

*February 16.*—This morning the dressings were changed to get away what little bloody exudation was absorbed into the gauze and cotton. There is no pain nor tympanitis. Temperature,  $100\frac{1}{4}$ ; pulse, 85. Gave, R. Tinct. aconite rad., gtt. x; baptisia fld. ext., gtt. xxx; aquæ, pure,  $\frac{3}{4}$  iv. M. A teaspoonful to be taken every two hours. This was done to forestall the rise of temperature and meet any septic change that might follow. Temperature in the evening, 100; pulse, 83. Gave morphia 1-8 gr. hypodermically and continued aconite and baptisia through the night.

*February 17.*—Patient rested well through the night. Temperature, 98.5; pulse, 80. I am persuaded that this normal standard of the temperature and the pulse is due to the aconite. I withdraw its use for the time being. She asks for something to eat. I now prepare: R. Horlick's food, one tablespoonful; dissolve this in four tablespoonfuls of hot water and add an equal quantity of fresh milk. Of this, two tablespoonfuls to be taken every three hours. The temperature rises in the evening to 101; pulse, 96. I returned to the aconite and baptisia. A dose every two hours through the night, and  $\frac{1}{8}$  gr. morphia hypodermically in the evening.

*February 18.*—Had a good night's rest. Morning, temperature 99. Says that if she could have her way this morning she would take tea, graham gems, and hash. She takes Horlick's food with a relish. I took out the superficial stitches. Parts look well; no swelling or tympanitis. Evening, temperature 100. I believe she will rest without the morphia. Withdraw every agent.

*February 19.*—Felt a little restless toward morning, but better now. Takes half a teacup of Horlick's food. Temperature in morning, 100. One-half the wire sutures are now taken out. Parts seem united except around the umbilicus and at the lower part of the incision. Sutures at these points left remaining. Up to this time the menstrual flow, which had been upon her incessantly for two months, had continued. It has now ceased. It has been the result of pressure. Evening, temperature 100.5. Began the aconite again.

*February 20.*—Pulse this morning 86, temp.  $98\frac{3}{4}$ ; feels comfortable; talks and laughs with her friends; takes Horlick's food and nothing else.

*February 21.*—This morning the temp. is normal, pulse 80. I took out the remaining sutures; slight redness around the umbilical incision and the dressing slightly bathed with pus at the lower part of the wound, but all doing well. I now left my patient in the care of her husband, who had carefully watched the method of dressing, and had learned to use the catheter. Directing them to guard the case and report, and if anything went wrong to call a physician of the town.

*February 24.*—(Report from her husband by letter.) "As far as I can see Mrs. G. is doing nicely. We began to give her a little gruel for a change. She has some pain in the lower part of her bowels. They have not moved since the operation. We relieve the pain with warm cloths. The sore is doing well; has a very little matter at the lower part. Her appetite is good. Changed position a little this morning. We have quit using the catheter, and use the bed pan instead. What course shall I pursue?"

I answered, give an enema of warm water and castile soap and follow up the old plan.

*February 26.*—Mrs. G. was very restless night before last. She had fever and pain in her bowels. When we received your letter we gave the injection, which relieved her immediately, and now she is like another woman. She has been braced up twice in bed and feels rested.

*February 28.*—Your patient is doing splendid. Set up an hour yesterday and an hour to-day. Appetite good. No pain nor fever.

*March 2.*—Mrs. G. is eating and sleeping well, and has no fever. She has walked to the stove yesterday and to-day, sits up over an hour at a time.

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### Cough Mixture.

R. Bromidia, 1 ounce; tincture lobelia,  $\frac{1}{2}$  ounce; syrup tolu,  $\frac{1}{2}$  ounce. M. Sig. Teaspoonful three or four times a day.—*Med. Brief.*

**Art. XIII.—Angina Pectoris.**—By L. H. CALLAWAY, M. D., Nevada, Mo.

Not long since I was called to visit Mr. C., in consultation with my friend, Dr. H. On arriving at the bedside of our patient I obtained the following history: Age, 27; nervo-sanguine temperament; had been in feeble health for some time. The patient was not overburdened with vitality; he was suffering intense pain, emanating from the neighborhood of the præcordia, extending into the left shoulder, attended by a feeling of numbness, or as if the left arm was paralyzed. The introduction of the hypodermic syringe into the arm was not attended with pain. The pain was accompanied by indescribable anguish; a sense of suffocation, and a feeling of impending death. The pulse remained tolerably full and regular except during the paroxysmal pain, when they would become unnaturally slow. The countenance was pallid, expressing anxiety, terror and distress, the faculties of the mind remaining unaffected.

I was further informed that he had a similar attack in St. Louis about one year ago, but of a much milder character as compared with this attack. I was also informed that his father was supposed to have died with heart disease. With the above symptoms, we were fully satisfied that our case was one of cardiac neuralgia of a severe type. The doctor had been in attendance probably an hour and a half before my arrival, and had given him the usual remedies for the alleviation of pain but with no effect whatever, and the pain was becoming almost unbearable, producing rapid exhaustion. It was evident to our minds that if relief was not speedily given, death would close the scene and that he would take passage upon that bark which would land him in that mysterious country "from whose bourne no traveler has e'er returned." We, therefore, decided upon the following treatment: Sinapism applied over the cardiac region, and gave internally. *R.* Tinct. lobelia seed,  $\frac{3}{4}$  iss; macrotys,  $\frac{3}{4}$  ss. *M.* Sig. Shake and give a teaspoonful every ten minutes until nausea is induced.

After giving about half of the above prescription without any apparent mitigation of the pain, not even producing the slightest nausea, and as our case was growing extremely grave, we concluded to resort to the hypodermic injection of morphia and atropia,  $\frac{1}{4}$

grain of the former and 1-80 grain of the latter, in the left arm, and in fifteen minutes, by the watch, the pain subsided, and in twenty minutes he was perfectly easy. Our patient remained quiet for three or four hours, when he, all of a sudden, felt the approach of slight pain. We then prescribed: *R.* Morphia sul. gr. i; chloral hydrat, gr. xj; aqua camph.  $\frac{3}{4}$  i. *M. S.* Two teaspoonfulls every two or three hours. The second dose was sufficient to produce the desired effect, securing rest for the night. Visited the patient next morning and found him free from pain, but very weak and greatly prostrated; pulse 65, temp. normal, tongue inclined to be red, bowels constipated. Prescribed: *R.* Sol. magnesia citrate to move the bowels; tr. ferri chlor.,  $\frac{3}{4}$  ss.; syr. lemon,  $\frac{3}{4}$  iiss. *M. S.* Shake and take a teaspoonfull and a half every four hours, diluted with water, and three-grain doses of quinia sulph. in capsules, every three hours. Continued the quinia and iron for three or four days, then changed to the following: Vini maltine with ferri pyrophos. just after meals and Horsford's acid phosphate before meals. At the present writing the patient is able to be up and to attend to business, and feeling better than for some time.

The diagnosis of angina pectoris is, in general, easily made, provided the practitioner has a clear idea of its distinctive features. Its paroxysmal character, unattended by febrile action, and the attack being remarkably abrupt, the intensity of the neuralgic pain, and its radiation in different directions, in most cases extending into the left shoulder and arm, the sense of suffocation, the feeling of approaching death, the indescribable anguish, the pallor and anxiety, and apprehension depicted in the countenance, are the diagnostic characters which leave no room for doubt as to the nature of the affection. One peculiar, and rather remarkable feature in this case that would be well to mention, was the paralyzed sensibility of the left side, extending into the left shoulder and arm, and a sensation of numbness. In fact it was so marked that he could not feel the introduction of the needle into the arm, and declared that sinapism was doing no good. On examination I found that it had produced vesication, and still he felt no pain. With reference to the prognosis, it is important to endeavor to determine whether the affection be purely functional, or associated with aortic or cardiac lesions. In this case I was unable to detect any of the

physical signs of organic lesions. But still that does not suffice for their positive exclusion, for aneurism, arteroma and calcification of the aorta are not always attended by signs; there may be a certain amount of fatty degeneration without being discovered; therefore an examination of the chest may be negative, and still some organic affection exist, and nothing short of a post-mortem ever be able to reveal them.

Of course the prognosis is favorable in proportion as there is reason to believe that the affection is functional; for there is no question but what cardiac neuralgia can exist, and does exist, independent of organic disease, and, therefore, the question of prognosis is of great importance, for there is abundant room for patients to hope for permanent immunity from the affection, if it be not connected with the disease of the heart, whereas, the ground for such hope is much less if the affection be incidental to organic lesions. The danger of sudden death is much less if the heart be free from disease, consequently it would be well for the physician to be exceedingly guarded in giving his prognosis until he makes a careful examination of the heart. My object in reporting this case is the extreme rarity of its occurrence. This is the second case with which I have met since I have been in the practice, the first case having been of a mild character and yielding very readily to the first prescription. In the severe form of cardiac neuralgia I would suggest and recommend the hypodermic injection of morphia and atropia.

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**Art. XIV.—How Does Medicine Cure ?—By S. H. POTTER, M. D.**

That cinchona and its compounds cure ague, as a rule, with exceptional cases, is one of the best established facts in therapeutics. But how it does so we do not know, and it is impossible that we can know until we attain some idea of the nature and mode of action of the ague poison. Even the existence of this poison is known to us only by its effects. These effects are the various forms of malarial fever, and as common in large districts throughout the temperate and torrid zones as any malady known to mankind.

The literature of malaria is extensive and interesting, the hypotheses are numerous, the discussions of the various theories have long

been ingenious, able and exhaustive, without reaching any "specific" fact. Time and space will not permit even a synopsis of the various speculations upon the subject here. Suffice it to say that the latest theory (speculation) is to regard miasm or malarial poison as consisting of minute organisms. Only two, however, of all the many investigators assume to have discovered anything tangible. Prof. Klebs and Signor Thommasi Crudeli assert that in a malarial district near Rome they detected shining ovoid spores belonging to the genus *Bacellus* existing in the soil of malarious places, and that they may be cultivated in animal bodies, and in which these spores breed fever, resulting in enlarged spleen; they having inoculated rabbits with liquids taken directly from malarious soil containing such spores and with the result named.

Notwithstanding, the opponents of this new particulate theory have answered by the sensible question: If such shining ovoid spores as miasm were really detected in the fluids of malarial soil, why cannot, or have not other distinguished searchers after them detected and tested their specific poisonous nature? As heretofore, writers and teachers are not wanting who are ready disciples of any new speculation. A late writer in the *Lancet* (London) in support of this latest theory, says: "It must be borne in mind that the limit of the microscopic demonstration of such minute objects is not the mechanical power of the microscope, but the visual power of our eyes. An object may be magnified 30,000 times and be visible, and yet disappears from our vision when magnified 60,000 times. The object is there, but its image is so attenuated by the increased power of the microscope that our eyes no longer detect it. Prof. Tyndall has demonstrated that the atmosphere habitually teems with particles so minute that they cannot be detected by the highest power of the microscope, and that many of these particles are organized." Ergo, "We cannot fail to see that our inability to detect and demonstrate that malaria is particulate and organized is no proof that such may not be its nature."

When the writer entered the medical profession, it had long been a well settled fact that mercury had "a specific action" upon the liver; no respectable author, teacher, or practitioner doubted it at the hazard of his professional reputation. When Prof. Bennett, of Edinburgh, after a long series of carefully and well conducted expe-



riments proved that mercury did not act "specially" upon the liver at all, and that the characteristic alvine discharges resulting from taking mercury was simply due to its chemical action, or affinity to fluids in the alimentary tract, the whole intelligent profession were amazed to find all the medicinal starch taken out of their very best settled and most favorite way of treating all hepatic derangements which they imagined complicated by far the greatest portion of human maladies. That shows how easy it is for our whole profession to be mistaken about the "specific" *modus operandi* of medicine in antidoting unknown disease poisons.

Nor is it strange that we yet know so very little of how medicine cures most diseases, since we do not yet understand some of the commonest and most prolific processes of physiological action. To illustrate, take the question: How are red-blood-corpuscles formed? In solving this problem about as many hypotheses have obtained, as over the question of the nature of ague poison, and how quinine cures ague. It is not a little remarkable that the origin of the formed elements of the blood should still be a matter of speculation, and that physiology is incapable of replying to the question: How after large loss of blood is its restoration affected?

This generation of practitioners are hardly aware of the quantity of blood that was taken from patients in acute disease by physicians and surgeons of the past age. If works written early in the present century are referred to, many surprising facts of this nature may be found. About fifty years ago, at my advent into the profession, I saw my first preceptor, Dr. Edson B. Carr, treat a case of acute gonorrheal ophthalmia in an athletic, freely-living man, from whom he took the surprising quantity of one hundred and fifty-two ounces of blood or nearly eight pints, by venesection, besides the application of thirty-five leeches in the short space of one week. That the athlete recovered perfect vision in due time does not justify such heroic treatment. I have cured similar cases as soon, since then, without taking any blood. In the cases of women, enormous losses of blood are often sustained in menorrhagia, which are yet quickly restored under favorable circumstances. Rindfleisch has made an estimate of the rapidity with which the reproduction of new corpuscles must take place in ordinary intermenstrual periods in such cases, and calculates that half a centigramme of blood is produced

every minute, which means that about one hundred and seventy-five millions of red blood corpuscles are produced every minute. It seems extraordinary that no answer can be given to the questions how and where this enormous proliferation is effected. Passing over the various hypotheses which from time to time have been launched upon our profession, suffice it to mention the latest. In the blood of animals undergoing repair after large hemorrhages, an extraordinary number of hæmatoblasts or globulets may be seen. These rapidly enlarge in all directions, lose their granular aspect, and become hyaline, and finally assume the discoid form and the yellowish tint of the full-formed corpuscle. The hæmatids are on this view neither cells nor the descendents of cells, but may, like Topsy, be said to have simply 'grewed.' It would seem that the generation of the red corpuscles remains yet in a dark corner in physiology, and further research and observations are requisite.

The foregoing brief illustrations show how very little we really know the precise nature of the real causes of many well recognized diseases, nor the "specific" action in curing them beyond the apparent result, as we suppose, of their use. Another fact is also rendered obvious, that physiology and therapeutics yet require further investigations in very many directions before medicine can arise to the dignity of an exact science. The general tendency in most cases of disease is to recovery, hence, however much we may pride ourselves over our cures, they, doubtless, are in most cases due more to good sanitation and the tendency of nature than to what we otherwise do. The more eminent authors, teachers and practitioners are modest about claiming undue skill, avoid hobbies of all kinds as much as possible, try to be satisfied with fair general success in following out the indications apparent, with the safest and most sensible means and measures at their command.

Channing made this entry in his diary: "I wish to have a few important truths impressed deeply on my mind rather than to be lost in the chaos of universal knowledge which has hitherto distracted me." I apprehend that most readers will appreciate Channing's perplexity and not try to grasp too much; devote their entire powers of mind and body to their chosen profession in an unassuming and legitimate manner, and with an abiding and cheerful hope of success.

**Art. XV.—Scarlatina.**—By J. T. KIMSEY, M. D., Holt, Mo.

Having had several months' experience with the above disease in its various forms, from the simplest to the most severe, my success having been flattering—far more so than those who pursued the old stereotyped treatment—and seeing a request in the *JOURNAL* for physicians from the country to give their experience with this dreadful disease, hence this.

I shall not endeavor to give the general character of the disease, as all have that in text books, giving only the symptoms to which I directed my remedies. These were as follows: In the commencement, tongue coated dirty white, sometimes white; pupils dilated; semi-comatose condition; skin dusky; pulse small and quick and frequently irregular; temperature from 101 to 105. In some cases, after eruption came out, sordes would appear, accompanied by a very fetid breath. The duration of the disease was from one to four weeks. Two cases died within twenty-four hours from the time of attack, they having no treatment from a physician, the families thinking they could manage the cases themselves, and I was not called until a few minutes before death.

Now for the remedies given, which were not because the patient had scarlet fever, but because they were indicated, and were in order with the indications above) sodæ sulphite, sodæ bicarb, belladonna, baptisia, aconite, and sometimes phytolacca. Say a child two years old: *R.* Sodæ sulphite, grs. xx to xxx; baptisia, gtt. x to xv; belladonna, gtt. x to xij; aconite, gtt. v; aqua, ʒ iv. *M.* Sig. Teaspoonful every hour during the evening, and every two in the morning. The baptisia was sometimes combined with the phytolacca, say *R.* Baptisia, gtt. xx to xxv; phytolacca, gtt. xv to xx; aqua, ʒ iv. *M.* S. Teaspoonful every two or three hours alternated with the other. The phytolacca was prescribed for the throat trouble. The specific tinctures of all these were used. As an internal application for the throat, *R.* Liq. ferri subsulphatis, ʒ j; acid carbolic, gtt. x; glycerine, ʒ j; aqua to ft. ʒ iv. *M.* S. Apply with a brush composed of several feathers, four times daily or oftener if the case requires it. Externally apply to throat cosmoline well rubbed in, three times daily. In some cases renal trouble would appear with dropsy of abdomen and lower extremities. Apocynum can. was then given with good results in every case.

With the above treatment, varied as indications required, my patients have gotten along as well as other diseases of the winter. The diet consisted wholly of fresh milk, given as freely as the patients could take. Milk evidently has prophylactic as well as nutritive properties. In looking over my Homœopathic journals, I find this ably advocated by physicians of that school. In the *Clinique* for February, Dr. W. H. Burt, of Chicago, advocated its free use in scarlatina, and other prevailing epidemics during the past winter. He asks the question: "How does milk act as a prophylactic in scarlatina?" And his answer is this: "In cold weather, with north and west winds, there is an excess of fibrine manufactured in the blood pabulum, and a loss of albumen through the mucous membranes, which prepares the system to take on scarlatina, diphtheria, rheumatism, etc.—diseases that cannot exist without an excess of fibrine in the blood. Now, milk, when used as a full diet, greatly reduces the fibrine and prevents the loss of albumen, and in this way takes away the foundation or base that these diseases rest upon. We see this illustrated in rheumatism, where the blood is loaded with an excess of fibrine. It has lately been discovered that an exclusive milk diet will cure rheumatism in an average of seven days, and arrest the plastic (fibrine) deposits in the serous membranes."

Now, the evidence gleaned from that of my own experience, and that of others, I would rather trust a patient of mine on exclusive milk diet, with good nursing, and not a single remedy, than give them tinct. ferri chlor. and potass. chlorat. The last mentioned will certainly produce renal irritation, and if persisted in will bring about dangerous complications. In my first cases it was given, and I had trouble, after which it was abandoned *in toto*. The first mentioned might be given if the acid contained within was indicated, but not otherwise.

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**Art. XVI.—Measles and Queries.**—By S. S. LOWRANCE, M. D.

During the months of April and May of last year measles were very prevalent, which, in many instances, presented prominent symptoms of scarlatina. Connected with this and similar diseases, many interesting facts are quite familiar to the "knowing old women," of which facts the young physician is, sometimes, miserably ignorant ;

and, what seems to be worse, very few, if any of us, know where to find the desired information.

On the 10th of May, 1880, Mrs. M. A. Jackson, aged 25 years, was taken with measles, from which she made a good recovery in good time. On the 11th of December, 1880, she was delivered of a perfectly developed male child, weighing nine pounds. Up to this time nothing unusual was perceivable, except the child, when born, was *very red*. In about twelve hours it became *very sick*. Refused to nurse. Severe retching and vomiting ensued, and severe prostration. December 12th, in about twenty-four hours after delivery, the child broke out with an eruption like measles, appearing first on the head and face, extending downward all over the entire body. The eruption, fine, sharp, elevated papilla, nearly white at apex, on a red base.

Dec. 13th.—Child 48 hours old. The eruption now appears more yellow, especially at the point. The temperature has not yet been tested, but no fever or exalted temperature has been observable. The thermometer now being applied, gives the temperature 98° Fahrenheit. Desquamation complete about the 25th of December, occupying about two weeks.

Many questions have been put which must be met by an answer of some kind. We must appear (or assume) to be wise, "above what is written," or acknowledge our ignorance. Mrs. H. Doty and Mrs. M. Jones were both present, with young children which were nursing, one of which children we know was brought in contact with the measley child. Also the measley child was nursed at the breast of Mrs. D.; no effort being made to prevent infection. The disease was not developed in either of the children exposed. The measley child has made a good recovery, and the mother and child enjoy excellent health.

Queries. Have you seen any such or similar cases?

Was measles carried during eight months in the foetus in utero in a dormant state?

Do measles in similar circumstances ever prove infectious?

In what degree, and in what physiological or pathological process is the disease transmitted?

Is it measles, or is it something else?

If not measles, what is it?

Some of those "knowing old ladies," which everywhere are to be met, and whose knowledge and experience in many instances are worthy of some consideration, tell us that they have known cases similar to the above which proved infectious. But what do medical authors say? We want recognized scientific authority. Where will we find it?

As for the treatment in the above case, that was simply tender care, with a little catnip tea and sulphur.

Lebanon, Mo.

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**Art. XVII—Eureka Springs of Arkansas.\*—By JOHN W. THRAILKILL, M. D.**

GENTLEMEN: I was appointed by your honorable president to make a report to this society on the value of Eureka Springs as a curative resort for invalids.

I spent two weeks at these springs in last April (1880), and returned there the 15th of June following, and remained till the 1st of December, in all six months. Being engaged in the practice of medicine while there, I had abundant opportunity for observation, and I will present in this report the facts thus acquired.

LOCATION.—Eureka Springs is located in the State of Arkansas, near its northwest corner, in Carroll County, eight miles from the line dividing that state from Missouri.

TOPOGRAPHY.—These springs are situated in the White River Mountains, eight miles from that stream. For miles around there is not a plat of ground one hundred feet square that is level. In the immediate vicinity of the springs the mountains are from 300 to 400 feet high, the intervening gulches being like so many deep grooves cut in the earth. The mountain sides are quite steep, but may be traversed on foot in nearly all places. Near the springs the mountain sides have benches about one-third the way up. These benches approach a level in many places, and vary in width from ten to fifty feet. They furnish the most beautiful and romantic situations in the town for building. The ground is all made of rocks. What little soil there is is among the rocks, and has originated ap-

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\* A Report made to the Eclectic Medical Society of Missouri, at its annual meeting, January 13, 1881.

parently from the decay of the scanty vegetation that annually springs from the dust of its predecessors. The flint gravel lies in beds, in many situations hundreds of feet thick, and perfectly clean from the washing rains of thousands of years. On the mountain sides the outcropping of bluffs of rock may be seen in various places. These bluffs are mostly limestone, though some of them are sandstone. The mountains are covered with forests of stately pines, oaks and cedars, with a scanty undergrowth of grass, flowers and ferns.

CLIMATE.—The winters are mild and the summers pleasant. The heat never feels oppressive, even when the thermometer shows a high range. In the hottest weather of summer the air gets cool in the evening as soon as the sun goes down, rendering the nights delightful for sleeping. The visitors' from the North are agreeably surprised to find in this southern clime the nights so much more pleasant than they are accustomed to at home. In the summer time the air is often breezy, though strong winds rarely blow. I am of opinion that severe storms but very rarely occur in these mountains. My belief is founded on the fact that the timber and the ground furnish no evidences of there having been such storms in the past. But few trees have ever been blown down, though they are very high and insecurely rooted in the loose earth. I was at the springs in April last, when the memorable storm occurred which destroyed the towns of Marshfield, Missouri, and Fayetteville, Arkansas. It was indeed a stormy night. I was in a box house, half finished, on the very mountain top. The roar of thunder, wind and rain was deafening, and the lightning's flash was an incessant flame.

"I have seen tempests when the scolding winds  
Have rived the knotty oaks; and I have seen  
The ambitious ocean swell, and rage, and foam  
'To be exalted with the threat'ning clouds:  
But never till to-night, never till now,  
Did I go through a tempest dropping fire."

All this dreadful storm blew one insecure house off of its foundation, and leveled a few old pines in the north side of the town. No person was injured.

The winds in this region are never severe. The changes of the weather are neither great nor sudden. The winds which blow so

incessantly in Kansas, a hundred miles west, are unknown at these springs. High winds are very uncommon at any season.

**THE TOWN.**—The town is cheaply built of pine boards. The houses are scattered over the mountain tops and sides, without much regularity of arrangement. There are probably two thousand houses in the town, all of which have been built since the first of July, 1879. Most of the residences are too poorly constructed to be comfortable in winter. Almost every kind of mercantile business is represented on the business streets.

**THE HOTELS.**—Are numerous and of all kinds. There is no difficulty in the visitor finding almost any kind of accommodations he wants, except when the weather is quite cold in winter; the houses being constructed of wood are not as warm as those of brick or stone. The boarding houses are a legion, of all sorts and sizes. In these the poorest visitor can find a living to correspond to his means.

**EXPENSES.**—At no watering place in the world can one live cheaper. Boarding can be had at from \$2 50 in the common boarding house, to \$10 per week in the first-class hotel. The products of the country are supplied as cheaply as one could wish. The grocers sell their goods as cheaply, with few exceptions, as the same can be purchased at retail in most of our large cities. Good servants are not easily obtained. Those contemplating keeping house while at the springs will save much annoyance by taking servants with them. The water is free to all. Small houses can be rented for from \$1 to \$3 per week.

**HOW TO GET THERE.**—The springs are approached from the north, west and south by the St. Louis and San Francisco Railroad, the Arkansas branch of which is now finished to Seligman, a distance of eighteen miles from the springs. Each train is met by stages and numerous private conveyances, which carry the visitors to the springs in a few hours. Those coming from the southeast come via the Little Rock and Fort Smith Railroad to Ozark, and thence by stage, eighty miles, to the springs.

**THE SPRINGS.**—What I have written above may be of interest to the visitor before he arrives at the springs, but when once there, the chief object that will attract his attention is the Eureka Spring, and the multitudes who daily congregate there to drink its waters. In



the limits of the town there are twenty or more springs of pure and excellent water, but the main Eureka Spring is like the central sun around which all the others revolve as planets. The water of this spring flows out of the crevices of a bluff of limestone, a part of the water running into a beautiful, smoothly polished basin, the capacity of which is about three gallons. This basin receives somewhat less than half the water of the spring. There is a notion prevalent at the springs that the water of this basin is more curative in its properties, and almost everybody prefers it to that which runs down in a wooden spout by the side of it from the same fountain.

The water is clear and most excellent to drink, having no mineral flavor of any kind. It is not remarkable for its coldness, and its temperature does not vary in the different seasons of the year. The quantity of the flow at its lowest stage in dry weather is about four gallons per minute. Two or three hours after a heavy rain the flow increases immensely, so as to be a beautiful cascade. Of the other springs mentioned, the Harding Spring, about a quarter of a mile from the Eureka, is indeed a beautiful spring, and is rapidly acquiring a reputation for its curative properties. The water of this probably differs but little from that of the Eureka Spring. And then there are the Johnson, Crescent, Arsenic, and many others of more or less note. The Johnson Spring is in high favor with many. There is an iron spring near the lower end of the town, the water of which is strongly impregnated with sulphuret of iron.

**THE WATER.**—The chemical analysis of the water of Eureka Spring recently made by Messrs. Wright and Merrell, of St. Louis, analytical chemists, has taught us nothing but negative knowledge. The water, according to this analysis, is almost as pure as if it were distilled, containing only about five grains of solid matter to the gallon, differing in this respect from almost all spring water, as pure water is never found flowing from the earth. This solid matter consists of the salts of lime, soda and potash, with traces of silica and organic matter. The gases, oxygen and nitrogen, were found in the water in uncommonly large amounts.

**UPON WHAT DOES THE CURATIVE PROPERTIES OF THE WATER DEPEND?**—This is an oft repeated question from every quarter. It arises from the natural disposition of man to want to know the cause of every phenomenon. People are not wont to associate any

curative properties to water alone, and the uncommon purity of the water of these springs has led many to deny that it has any virtues not possessed by other water. This is the logic of reason, but it can not stand for a moment against the logic of facts. That a large number of invalids, afflicted with various chronic diseases have visited these springs and been restored to health by the use of the water, is an undisputed fact. I think we should reason about the matter in this way, namely, that there are differences in the properties of waters that flow from the earth in different localities, which differences may be inappreciable to the most skillfully conducted chemical analysis, and yet be quite sufficient to affect the human constitution for the relief of diseased conditions. We know by observation that such is the case. A change of water often restores the sick to health after medicine has failed, and no chemist can demonstrate the cause of this fact. I would not depreciate the value of chemical science, but would rather caution the profession and the public against relying too exclusively on it in matters pertaining to health and disease. It is a matter of fact that the chemist as such cannot demonstrate the curative properties of any substance whatever. This can be done only by experimenting on living beings. What chemist, for example, could have told before an actual trial on a living being, that belladonna would dilate the pupil of the eye, or strychnia produce convulsions, or quinine cure an intermittent, and so on through the whole *materia medica*. Because the chemist has failed to discover any uncommon properties in Eureka water should not impair our confidence in its efficacy to restore the afflicted to health.

**WHAT APPRECIABLE EFFECTS DO THE WATERS HAVE WHEN DRANK?**—The most marked effect is the increase of the secretions. That of the urine is first noticed. Next its effect upon the liver and intestinal secretions produces a more or less brisk action of the bowels. Most persons on arriving at the springs and commencing the use of the water, are affected with a looseness of the bowels after a few days. Its effect upon the secretions of the stomach is so sanative that the appetite and digestion are largely increased within a few hours after commencing its use. The water is so pure and good that the drinker can imbibe large quantities of it without discomfort or oppression. I have known many to drink as much as one or two gallons per day without inconvenience.

From some cause, probably the absence of mineral matters in the water, its *osmotic* property is greater than that of ordinary water, and it rapidly filters through all the tissues of the body, literally washing out the impurities. A very large per cent of the diseases with which we are afflicted are caused by the retention of waste matters which, in health, are thrown out as excretions. By the drinking of large quantities of this pure water, these retained excretions are removed from the fluids and solids of the body and carried off by the several glands and other structures whose function it is to eliminate these waste matters. Pure water is the most nearly a universal solvent in nature, and the purer it is the better solvent. Inasmuch as all nutritious matters must be in a state of solution before they can be absorbed and applied to the uses of the tissues of the body, so, likewise, all useless waste matters of the organism must be in solution before they can be carried out of the system as secretions. It is no mere hypothesis that the retention of these excrementitious matters in the system produces disease, and observation teaches us that the solution and elimination of them is the only method of curing such diseases as are thus caused. Rheumatism may be taken as an example to illustrate the point here set forth. It is a disease caused by the imperfect oxydation and consequent retention in the system of the histolytic materials of the body, chiefly the nitrogenized. Urea is the last link in the chain of oxydation which the nitrogen of the living tissues follows. Uric acid is the next, and is the condition of the nitrogen before it is converted into urea. Urea is very soluble; uric acid only slightly so. By the failure to convert the almost insoluble uric acid of the system into the very soluble urea, the former is caused to be retained in the blood and tissues, producing the phenomena of rheumatism. Hence, we say that rheumatics are afflicted with the uric acid *diathesis*, which means that the individual lacks the power of completely dissolving the nitrogenized products of his body, which thereby prevents their being excreted. It is a matter of fact that the water of these springs cures a large per cent of the cases of rheumatism which go there. Possibly the ingestion of large quantities of this pure water aids in the conversion of the uric acid into the soluble urea, and thereby promotes its elimination from the system.

WHAT DISEASES ARE THESE SPRINGS BEST ADAPTED TO CURE ?

—For one to witness the multitude of human beings who daily congregate at the Eureka Spring, presenting in the aggregate examples of nearly all the chronic diseases that human flesh is heir to, would lead him to believe that it would require a long time of observation to determine what particular disease or class of diseases is most certainly cured by the use of the water. As might be supposed, those diseases that are most incurable by all ordinary methods of treatment are most numerous represented at the springs.

**CANCERS.**—I mention this first, not because the water cures the greatest number, but because the greatest number of cases of the disease go to these springs for that relief which they have failed to obtain from any other source. It is astonishing, even to a cancer doctor, to witness from day to day the number of cancers of all sorts that visit the spring. But few people have a correct idea of how large a number are afflicted with this dreadful disease. These springs have got a reputation for curing cancer, but it remains to be seen how well that reputation will be sustained. There are many reports of cancer cases getting well by the use of the water, but it is difficult to find those persons who have been thus cured when search is made for them. Of the great multitude of persons afflicted with this disease who may be seen daily at the spring, all who have been there any length of time believe themselves to be improving, and think that they will ultimately recover. Many cases which I examined from time to time were certainly getting better. But, perhaps, sufficient time has not yet elapsed since the discovery of the virtues of these springs, scarcely a year and a half, to enable us to come to a truthful conclusion as to the curability of this disease by the water.

**RHEUMATISM.**—Those afflicted with this disease have just reasons to rejoice over the discovery of the virtues of these waters, as they are perhaps nature's greatest remedy for this disease. Hundreds, nay thousands, have already been relieved or cured of this malady after years of suffering from its pains. Chronic rheumatism, of the whole list of diseases, is perhaps, the most often benefitted or cured by the use of these waters.

**"SORE EYES."**—The virtues of the water were first discovered by a fox hunter who was afflicted with inflammation of the eyes (probably conjunctivitis). He came upon this fountain, washed his

eyes, soon found that they were better, washed them again and again, and was soon cured. He told others, who did likewise, with like results. From this the fame of the springs began. Now there are multitudes with diseased eyes at these springs. Many cases of simple and scrofulous conjunctivitis are cured by the use of the water. Among such a variety of diseases of the eyes as go there for relief, there are many cases that can be cured only by the aid of surgery. The oculist is the only one competent to judge what cases should be trusted alone to the water. Old cases of granulated lids are often benefitted, and in some instances cured by the use of the water. By proper medical treatment while the water is being used nearly all cases of the kind can be cured.

**DYSPEPSIA.**—The functional disorders of digestion are caused by a variety of pathological conditions. An insufficient supply of healthy gastric juice is generally the proximate cause upon which indigestion depends. Dyspepsia is one of the most common afflictions that man is subject to in the civilized state, and many cases are so intractable that the ordinary methods of doctoring give little or no relief. The action of these waters upon the secretions has already been mentioned, and no organ is more beneficially acted on than the secretory apparatus of the stomach. A free flow of healthy gastric juice is induced, and the power of digestion restored. It is marvellous how quickly some old dyspeptics recover the power of enjoying good living after commencing the use of the water. These springs are indeed a great boon to dyspeptics. The individual who never had dyspepsia soon finds his digestion immensely improved by a sojourn at the springs.

[TO BE CONCLUDED.]

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**Art. XVIII.—Measles.**—By J. T. KOEN, M. D., of Walshville, Ill.

I have had unfavorable results in some cases of measles (or rather the complications). One case, an adult male, aged about 35 years, had measles complicated with pneumonitis and fever of periodic character; was troubled with great dyspnoea during the paroxysms of fever. Temperature, 100 to 102; pulse, 120 to 130; bowels moved twice in twenty-four hours; urine moderately free and high colored; expectoration free, rusty and streaked with blood. Treatment:

Quinine in remissions, aconite and veratrum in fever; used carb. ammonia as a stimulant when dyspnoea was severe. Patient died on twelfth day of treatment. No. 2. Female, age 23; enciente two months; measles complicated with bronchitis, pneumonitis and pleuritis. Treatment: Aconite, quinine, whiskey and carb. ammonia. In this case there was diarrhea and threatened abortion; for the former gave bismuth subnitrate, and the latter viburnum prun. Patient died tenth day of treatment. No. 3. Female, aged about 38 years. Was attacked on the fourth day after confinement with symptoms of measles. On the fourth day after these symptoms pneumonitis was developed, and on the second day of pneumonitis patient died suddenly. Was using quinine, carb. ammonia, and for the fever, aconite. Patient also had severe diarrhea, which was controlled with sub. nit. bismuth. With one exception, these are the only cases of measles, complicated or uncomplicated, that I ever lost; and if the fault is in me I want to know it. I have obtained only negative results in the cases noted, so much so that I sometimes suspect some of the medicines used were almost inert. I will be very much obliged by an article on measles and its complications, with treatment, in the JOURNAL, as I am feeling badly over these cases.

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**Art. XIX.—Cerebro-Spinal Meningitis and Pneumonia.—By W. R. BARD, M. D.**

I have had four cases of cerebro-spinal meningitis in the last two months, and found them all get well but one, which is now convalescing, and is yet somewhat paralyzed. I used in child five years of age, seven drops of fld. ext. gelsemium (green root, P., D. & Co.), with four drops of fld. ext. belladonna every three hours, with local applications to spine of essential oil mustard (diluted). One drop croton oil to move bowels every second day (nothing but the croton oil would cause an action of same).

My patients were deaf and blind, and symtomatology differed somewhat in the cases, but for record of same symptoms and description, see Reynolds' System Medicine, Vol. 1st, page 297. I did not give seven drops of fld. ext. of gelsemium from beginning of attack, but commenced with five drops. The neuralgic spasm modified on the third day, on an average. To the cases not referred to in the above, I added two and three drops of gelsemium.

In thirty-seven cases pneumonia this winter, I had the pleasure of seeing them all recover from *fid. ext. verat. viride*, tonics, stimulants, and local applications to chest of warm corn meal mush poultices, and also noticed four cases of my neighbor M. D. of regular reputation, die under tartar emetic and calomel treatment.

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**Art. XX.—Scarlet Fever Treatment.**—By J. D. BARR, M. D.

I have had considerable experience in this terrible disease, both country and village practice. So far been successful. My treatment is to first open the bowels well by the use of a saline cathartic, citrate or sulphates of magnesium. If fever is high: *R. Ver. vir. gtt. vi; nit. ether, ʒ iv; glycn, ʒ i; water, ʒ iss. Mix.* Teaspoonfull every two hours. As a gargle, *R. Potass. chlor, ʒ iss; tinct. mur. ferri, ʒ i; water to make two f. ʒ of the whole.* To be used every four or five hours. More powerful in changing the character of the inflammation, I think a strong solution of nitrate of silver, *gr. xxx, in ʒ i, water,* applied with a large hair pencil.

For the irritation of the skin, connected with the rash, according to my experience, the best relief is to be obtained by sponging with tepid water two or three times a day, inunction with lard or glycerine. Diet should be liquid. Let them have what water they will drink. A liniment of carbolic acid and sweet oil is very useful applied to the throat; or carbolic acid with glycerine and water is preferable as a local remedy for the sore throat. As a tonic I also use quinine and sulphuric acid in some stages.

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**Art. XXI.—Treatment of Uncomplicated Pneumonia.**—By J. M. MANES, M. D., Billings, Mo.

In answer to our Texas brother, I would say: In some uncomplicated cases of pneumonia I have had good results from the following: If first seen during the stage of engorgement, begin with: *R. Cinchonidia, grs. 15; sul. morphia, gr. ¼, to be followed with: R. Sul. cinchonidia, grs. 5; Dover's powder, grs. 2; ammonia carb, grs. 10, every third hour. Alternated with: Syr. squills, gtt. 20; tinct. lobelia, gtt. 20; tinct. ver. viride, "Norwoods," gtt. 2.* If the fever runs very high, I would give gelsemium and aconite, *fid. ext.* If the biliary secretions were suspended, I would give something to stimulate the liver to a healthy action.

## EDITORIAL.

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**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

For terms of advertising, address GEO. C. FITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### Measles.

This is a disease that requires good nursing and careful doctoring—not heroic dosing. Many cases of measles are so mild that but little fever or pain is suffered, and all the stages of the disease come and go without much constitutional disturbance. Knowing this, however, does not warrant us in being reckless or indifferent about any case, for measles, in the mildest form, may be wonderfully aggravated by exposures and violations of diet. When it is known that a child has measles it should be confined to the house, and the temperature of the room kept at about 70° F. If a stove is used for heating purposes, an open vessel of water should be kept on it all the time. Cool water—not ice water—should be allowed in liberal quantities. Warm sponge baths are appropriate; and especially where the fever runs high and the rash is tardy in making its appearance, warm baths are very efficient in moderating the febrile movement and hastening the appearance of the rash.

Regarding the therapeutics of measles, different cases require different treatment. We have no specific for measles—only have



specifics for special conditions. For instance, a child five years old has measles in a mild form, but little fever, not much headache, a slight cough, and the rash pretty well out on the body. Nurse this patient well, giving nothing but ipecac and asclepias in small doses, sufficient to prevent the rash from receding, and to relieve the cough.

Another case: The child is violently sick, high fever, pulse frequent, respirations quick, headache severe, cough troublesome, skin hot, and rash slow in making its appearance. Warm baths are efficient here; a laxative may be given if the bowels are not open. Also, *R.* Fluid ext. asclepias, 3 j; tinct. gelsemium, 3 ss; bromide of potassium, 3 j; water, 3 jv. *M. S.* One teaspoonful every half hour. Under the influence of the sponge bath and asclepias, the skin loses its burning heat and becomes moist, a condition favoring the appearance of the rash. From the bromide of potassium and gelsemium we confidently expect relief from the distressing headache and high grade of febrile movement. The nervous excitement is so great in some of these cases that convulsions result, and we undoubtedly prevent these distressing complications in many cases by a timely resort to bromide of potassium and gelsemium. Where these are not sufficient to control the nervous element, and convulsions are threatened, or actually occur, we resort to a laxative, and hydrate of chloral in addition to gelsemium and bromide of potassium. As we soothe, relax and quiet our patients with these combined measures, the rash makes its appearance upon the surface, and but little medicine is required, save a little asclepias and ipecac, as in the milder case just referred to.

In a third case our patient is exceedingly restless; the pulse is frequent, but not strong; in fact, there is evidence of oppression, or exhaustion. The face looks pale, there is nausea, or symptoms of syncope when the patient attempts to rise up. We have seen such cases more frequently among adults. The rash does not come out, although it is time for it to appear. In some of these cases the rash may be seen under the skin at times, but it does not approach the surface, or if it does, there is a livid appearance about it evidencing a want of reaction on the part of the system. Here is the place for stimulants. Ammonia, whisky and ginger tea are the resorts. We all know how prone people are to resort to hot teas in cases of measles, and toddies are not uncommon. But there is a proper place for

hot teas and toddies, and the cases above recited are the proper ones for these measures.

After the more violent symptoms of measles subside, there is frequently bronchitis, characterized by a troublesome measles cough that may give us a little trouble. In this we may use drosera, but dry hay will do as well, and if it is clover hay it will do much better. We mean to say that drosera is not of much value in measles. A sweetened infusion of dried clover tops does relieve this cough and bronchial irritation. But the best measures we have ever used in such cases are these: *R.* Wild cherry bark, recently dried,  $\mathfrak{z}$  viij; asclepias tuber, crushed root,  $\mathfrak{z}$  jv. Make one pint of infusion by adding boiling water, keeping hot an hour or so, and straining when cool. Then add a half pound of white sugar, and glycerine enough to make a quart of syrup. This alone, given in teaspoonful doses, will generally answer a fine purpose, and will serve as a base for all cases; where the cough is dry add one drachm tinct. lobelia to each ounce of the syrup. Where the cough is loose, but otherwise troublesome, add one drachm of paregoric to each ounce of the syrup instead of lobelia. Where there is capillary bronchitis, and tough, tenacious expectoration, add one drachm each of tinct. ipecac. and carbonate of ammonia to each ounce of the syrup. Any one at all familiar with the ingredients referred to will be able to make the appropriate combinations.

In some cases, where measles patients have previously suffered from whooping cough, we can discover something of the character of the whooping cough with the measles cough. In such cases a drachm of the fluid extract of chestnut and a half drachm of hydrate of chloral to each ounce of the syrup of wild cherry and asclepias will produce the happiest effect.

The cough syrup here recommended—syrup of wild cherry and asclepias, with the additions appropriate for each individual case, we regard as one of the most valuable hints ever published in this journal. How frequently are we called upon during the winter and spring months for something like a cough medicine. In all cases—not only in measles—where there is bronchial trouble and cough, from cold, whooping cough, etc., this prescription, with the combinations referred to will come very handy to practitioners who dispense their own medicines.

**Eureka Springs—Prof. Thraikill's Paper.**

In this number of the JOURNAL we commence the publication of Prof. Thraikill's paper on Eureka Springs. There is not a man living who is better qualified to give information about these springs, the diseases they are likely to cure, relieve, etc., than Dr. Thraikill. He has been there, lived there, had an experience there, and his observations have not been like those of a school boy or novice, but as one ripe in the years of manhood, and an experience of twenty-five years as a general practitioner of medicine. We have this paper in pamphlet form complete, and can furnish it by mail, upon the receipt of five three-cent stamps.

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**Paralysis—A. G. Springsteen, M. D., of Cleveland, Ohio.**

Many of our readers will remember Dr. Springsteen as one of our correspondents, and members of the National Association all know him as one of our most active, earnest and faithful workers. In February, Dr. Springsteen was suddenly stricken with paralysis, the whole of the left side of the body being completely paralyzed, rendering him helpless. He has had excellent treatment and good care, and under the influence of these, electricity being one of the chief resorts, we are glad to learn that the doctor is slowly improving, and is now able to write me. In his note he says: "I expect to be able to attend the 'National' at St. Louis in June next." Let us sincerely hope for Dr. Springsteen's rapid recovery.

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**BOOK NOTICES.**

**THE CHEMISTRY OF MEDICINES—A Practical Text and Reference Book** for the use of students, physicians and pharmacists, with fifty original cuts. By J. U. LOYD, Cincinnati, Ohio; Professor of Chemistry and Pharmacy in the E. M. Institute, Cincinnati, Ohio. Cloth, \$2.75; leather, \$3.25.

This is a neatly gotten up book, good white paper, 451 pages, but the merits of the book lie in its practical and concise arrangement. Chemistry is a branch of medical science that students are slow to pick up; in fact they are inclined to shirk it. This book

of Prof. Lloyd's makes the study of chemistry easy for medical students, for it is not burdened with useless matter, or matter of a character remote from the interests of the medical student and practitioner. We can furnish this book by mail, free of postage, at the list price, and shall be glad to do so.

**A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USE OF ELECTRICITY.**—By Geo. M. Beard, A. M., M. D.; A. D. Rockwell, A. M., M. D.

This is *the* work on the subject named. Beard & Rockwell are the acknowledged authority upon these subjects in this country and Europe. We have been selling this book for a long time—the second edition—and in every case it has given the best of satisfaction. We can now offer the third edition, very much improved, and at the same price, \$6.25 cloth, \$7.25 in leather.

We receive letters almost every week asking about books teaching the use of electricity. We could refer to a number of small books upon this subject, but when the reader gets one of these he has not got what he wants, and is not satisfied. This exhaustive work of Beard & Rockwell, published by Wm. Wood & Co., tells all about batteries, galvanic and electro-magnetic, when and where each should be used, and all the practical facts relative to the use and management of the different batteries and electro-magnetic machines in use, with cases illustrative of electro-magnetic and galvanic therapeutics fully and clearly set forth.

For sale by Wm. Wood & Co., New York; C. C. Pease, St. Louis; and Dr. Geo. C. Pitzer, St. Louis.

**A MANUAL OF DISEASES OF THE THROAT AND NOSE.** By FRANCKE HUNTINGTON BOSWORTH, A. M., M. D. Wm. Wood & Co., New York, publishers. First quality of tinted paper, fine cloth binding, 427 pages. For sale by C. C. Pease, St. Louis, Mo.

Prof. Bosworth is lecturer on diseases of the throat in Bellevue Hospital Medical College, and physician in charge of the clinic for diseases of the throat in the out-door department of Bellevue Hospital. He is doubtless a proficient man, and the book shows evidence of research, as well as experience. The treatise is an exhaustive one, and to all wanting the most approved methods of management for the diseases under consideration, we can say this

book will fill the want. The instruments and therapeutic measures are all plainly described and clearly illustrated. The book is a valuable one.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Massachusetts Eclectic Medical Society.**

The twentieth semi-annual meeting of this society was held at the Revere House, Boston, January 12, 1881, and in numbers and interest was one of the most successful meetings ever held by the society. Drs. James Campbell, of Marlboro, and W. H. A. Young, of Springfield, after being duly examined, were admitted to the society. Essays were read by W. A. Hubbard, M. D., of Bellerica, subject, "The Profession of Nursing;" J. A. Tabor, M. D., of Lawrence, "Anæsthetics;" A. J. Marston, M. D., of Plymouth, N. H., on "Martin's Elastic Bandages;" J. M. Aldrich, M. D., of Fall River, on "Poisons versus Medicines," with criticisms on Dr. Scudder. The essays were fully discussed. The next annual meeting of this society will be held at the same place, June 2d and 3d, 1881.

A. L. CHASE, Secretary.

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#### **Correspondence Wanted.**

BEARD, LAMAR CO., TEXAS, February 18, 1881.

PROF. PITZER—I would like to open correspondence with any well-informed, strictly sober eclectic physician of good moral character and a liberal degree of energy, as I have more practice than I can do justice by, and want a partner. Respectfully,

J. E. A. BALL, M. D.

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#### **The S. W. Eclectic Medical Association, of Kansas.**

This association will meet at Wichita, Kansas, May 17th, 1881. Doctors will please bring their wives.

S. M. ROLPH, M. D.,  
Secretary for coming association.

Belle Plaine, Kas.

**Married.**

Miller-Jacob—December 28, 1880, at the First Presbyterian Church, Ida Grove, Iowa, J. D. Miller, M. D., and Miss Mary Jacob, both of this city.

Success to Dr. Miller. He is a live man, and will doubtless do well for his country.

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**Alcoholism—Treatment.**

Dr. F. P. Atkinson (practitioner) writes: Some of the most distressing cases we, as medical men, are called upon to attend are those of alcoholism, and it has, unfortunately, fallen to my lot during the last few years to have several from time to time under my charge. A good deal has been written by different persons with regard to treatment, but I do not think it ought to deter one from putting on record his own personal observations, since it is only by accumulation of evidence that proper conclusions can be arrived at. As far as I can see there would appear to be three different stages in the disease, viz.:

1. *Sleeplessness*, accompanied by a hard quick pulse; loss of appetite in the morning, and morning sickness.
2. *Drowsiness*, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite, and constant sickness. The blood has in it an excessive amount of hydrocarbon.
3. *Delirium*, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable, and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vaso-motor nerve influence is almost entirely lost. The treatment I have found beneficial in each stage is the following:

*First Stage*—R. Træ. rhei., *m.* x.; træ. card. co., 3 ss.; træ. hyoscyami, 3 ss.; acid. hydrocyanic dil., *m.* iij.; sp. chloroformi, *m.* xv. Aquam ad. 3 i. quartis boris.

The prussic acid acts as a sedative to the stomach, heart, and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out I allow a

glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object I order essence of beef, milk, and eggs beaten up together, and barley water. This diet is suitable to each stage. The only thing to be said is, the more the depression the more the nourishment.

*Second Stage*—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

*Third Stage*—Chloral should be given in thirty-grain doses every four hours till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when *nux vomica* and gentian should be given, as follows: *R. Træ. nucis vomicæ, m. x.; træ. gentia co., 3 ss.; ess. limonis, m. i.; sp. chloroformi, m. xv. Aquam ad. 3 i. ter. quaterve die.*

This rarely fails to reinduce sleep, but, if persisted in long after it has produced its effects, sleeplessness returns. When this is the case the tincture of gentian, columba, or chiretta should be given alone.  
—*N. Y. Med. Gazette*, Nov. 13.

### **Bromidia.**

Having used Bromidia for the last eighteen months, I am now convinced that it merits a leading place among our best therapeutic agents. I have used it frequently, and find it without an equal in quieting the cough in pulmonary consumption. In every case of this disease in which I have used it, it has never disappointed in completely controlling this troublesome symptom, thereby securing a rest at night, with refreshing sleep. It does not depress the patient or destroy the appetite, as opiates do when used for this purpose. Of course I do not claim that it exerts any influence over the disease, but by its influence in quieting cough, securing sleep without destroying appetite, it gives us a chance to improve the condition of the patient by regulating diet, tonics, etc. I usually prescribe Bromidia with equal parts of *syr. prunus vir.*, beginning with a teaspoonful three or four times a day (of the mixture), in-

creasing the dose until relief is obtained. In cases where the cough is troublesome only at night, I find one dose, an hour before bedtime, and repeated just as the patient retires, to effectually control the cough for the entire night.

I have used Bromidia in three cases of delirium tremens, in all of which it acted like a charm. I gave a teaspoonful every twenty minutes until sleep was produced. I am now using it in several cases of whooping-cough. It controls the cough, but I am at present unable to say what effect it will exert on the ultimate course of the disease.

In all cases where there is restlessness or inability to sleep from any cause, I use it, and have never been disappointed with the result; in fact, I consider it one of the very best remedies at the disposal of the profession.

WM. J. LANGAN, M. D.

2609 West Eighteenth Street, St. Louis, Mo.

### Sulphur in Diseases of the Skin.

This paper was read by Dr. Bulkley before the American Medical Association, who spoke of the great popularity which sulphur had had in the treatment of skin diseases, and of the indiscriminate-ness of its employment. His present aim was to show in exactly what diseases sulphur really relieved and how it should be administered. He proposed to discuss its effects when given internally and externally, and also the effects of its different compounds and of the mixtures containing it. As to internal use, pure sulphur was seldom given alone for skin diseases. In eczema about the anus and genitals, however, it is very useful, especially if there is any constipation or piles. It may be given with equal parts of cream of tartar, in teaspoonful doses. Sulphurous acid (SO) is rarely used internally.

Sulphide of calcium is very valuable in skin lesions attended with suppuration. In *acne* it is often useful, but chiefly in those cases which have a considerable pustular element. It is not of much use in *acne rosacea*. In *hordeolum* it is very valuable; also in *furunculosis*, relieving not only the symptoms, but preventing further crops of boils. Like testimony may be given regarding its effects in carbuncle and suppurating buboes. True, non-parasitic *sycosis*



is sometimes benefited by sulphide of calcium. The drug is liable to be poor, and should have its characteristic smell of sulphuretted hydrogen. Dr. Bulkley usually gave gr.  $\frac{1}{4}$  q. i. d. It is undoubtedly the sulphur that does the good in these cases, for other combinations of sulphur, such as the hyposulphite and sulphuric acid, have been found similarly beneficial. A wonderfully valuable combination of sulphur is that known as "Startin's Mixture": R. Magnes. sulph,  $\mathfrak{z}$  i; ferri sulph.,  $\mathfrak{z}$  i; acid sulphur. dil.,  $\mathfrak{z}$  ij; tr. gentian,  $\mathfrak{z}$  i; aquæ,  $\mathfrak{z}$  ij. M. Sig.  $\mathfrak{z}$  i; dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria. In regard to the use of natural sulphur waters, some benefit is obtained from them, but it impossible to speak definitely of them until more data are collected. The speaker would be pleased to receive help from any in collecting such facts. Externally, sulphur has gained its widest reputation in the treatment of scabies, for which it is almost a specific. It should be remembered that sulphur is an irritant to the skin. Besides scabies, sulphur is beneficial in acne, either in the form of the pure sulphur or the hypochloride, the latter being used as an ointment about  $\mathfrak{z}$  i. to  $\mathfrak{z}$  i. Sulphur will also destroy the parasite of favus, ringworm, and tinea versicolor, pure sulphurous acid being the best form for these. Sulphur vapor baths are of value in very few diseases of the skin. They stimulate the skin and liver, and they destroy skin parasites. But not much more can be said for them.—*The Canada Lancet*, Sept. 1880.

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### **The Treatment of Diphtheria.**

Dr. Rudolph Seiffert states that the following mode of treatment has given him exceedingly good results, and is at the same time of easy application. It consists in compelling the patient to inhale carbolic acid. A sponge is saturated with a solution of carbolic acid, of strength ranging from one part in 200 to one part in 100 of water, and is then placed in a wire holder formed so as to fit over the mouth and nose. This inhaling apparatus is fastened to the patient's mouth and nostrils, so that respiration has to take place through the carbolated sponge. These inhalations are repeated

every two hours, and each exhalation extends through about half an hour. Within twenty-four hours after the beginning of these inhalations the membranes become loose, and are gradually either swallowed or expectorated, and they do not re-appear with the same severity. But if similar formations do take place they appear thinner, and lose that characteristic coloring, growing gradually lighter and more transparent until they disappear, which is generally within three days, when the mucous membrane assumes its normal condition. Little patients notice the amelioration of pain that occurs with each inhalation, and soon ask for a repetition of the remedy. In the case of older children more gargling is practicable. Seiffert orders the throat to be gargled with warm chamomile tea in order to assist the expectoration of the loose membranes. After each application the sponge ought to be well washed in hot water, and if there be more than one patient in the family each should have his own sponge. To prevent the carbolic solution from affecting the lips it is well to oil the lips previously to applying the inhaling apparatus. In addition to the inhalation he uses quinine; and in order to keep the bowels open the fluid extract of *rhamnus frangula*. With older children he occasionally orders gargling with a weak solution of carbolic acid.—*Chicago Med. Jour. and Exam.*, Feb., 1880.

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#### **Treatment of Diphtheria.**

Dr. Griswold has met with much success in the treatment of this disease during several years of private practice, by the use of the following prescription, which has also proved of value in catarrhal conditions of the pharynx, larynx and bronchi: *R. Ammon mur. ʒ i ; kali chlor, ʒ ij ; tr. ferri mur. ʒ ij ; syr. lemon, ʒ ij ; aqua, ʒ v j ; M. S. ʒ ij, pro re nata.*

He uses also stimulants, and quinine as may be indicated.

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#### **Occipital Neuralgia Cured by Nerve-Stretching.**

Dr. Schussler, of Bremen, treated a case of persistent neuralgia successfully by exposing the nerve along the course of which the pain was felt, and after carefully dissecting it out from its hyperæmic

sheath, stretching it by digital force. The rather extensive wound healed by primary union, the operation having been antiseptically performed, although the spray was dispensed with. For a period of three days after the operation the patient complained of severe lancinating pains. On the fourth day no pain was felt, and since then she has never for a single moment complained of the least ache.—*Berl. klin. Woch.*, September 27, 1880.

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#### **Obstruction of the Bowels Caused by Large Worms—Death.**

In the *London Lancet* for December 4, 1880, Dr. E. Downes has reported a case of intestinal obstruction caused by large worms. The patient complaining of constipation, purgatives were administered several times, but without avail. There was no indication of internal hernia. The abdomen was very much distended, and some coils of the intestines could be seen and felt pretty plainly through the abdominal walls. After a brief consultation it was agreed to perform Amussat's operation. Accordingly an incision four inches long was made about two inches above the crest of the ilium on the left side, and about parallel with it. On the morning of the third day, when evacuations occurred both from the artificial anus and the rectum, it was stated by the mother of the patient that an immense number of round worms, "about two pounds" in all, had passed by the wound. There seemed little doubt to the operator that the obstruction had been caused by the worms. The case terminated fatally a few days later.

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#### **Carbolic Acid in Facial Erysipelas.**

Dr. Rothe observes (*Betz. Memorabilien*, 1880, No. 9) that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery. For some years past he has been in the habit of using the following application: Acid carbolic, sp. vini, *aa*, one part; ol. terebinth, two part; tinct. iod. one part; glycerine five parts; pencilling the inflamed skin and its vicinity with it every two hours. No pain or sense of

burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The pencilled places should be covered by a very thin layer of wadding. When febrile action is present the ordinary internal measures must also be resorted to.—*Med. Times and Gaz.*, London, Dec. 1880.

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#### On the Use of Butter-Milk in Fever.

Hildesheim (*ueber die Wirkung der Buttermilch in fieberhaften Krankheiten*, Berlin. klin. Wochenschr., No. 38, 1880) speaks of the use of buttermilk in fever. According to H., it is not only effective in reducing the temperature, but also, by supplying the waste, serves as a nutriment. Especially to be mentioned is the action of the potash-salts, which are antifebrile, and regulate, also, to some extent (*Kali phosph.*) the evacuations from the bowels.—*Fahresb. Jahrgang, XIV.*

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#### Glycerine in Gastric Flatulence, Acidity and Pyrosis.

Glycerine does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. One or two drachms may be taken either before, with, or immediately after food; in water, coffee, tea, or lemon and soda water. In tea and coffee, it may replace sugar, a substance which greatly favors flatulence, as, indeed, does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight. Drs. Syndey, Ringer and Morrell.—*Kings Co. Proceedings*, Dec. 1880.

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#### Rhus Aromatica—A Case.

Mr. H. was taken in October last with an irresistible desire to urinate every ten or fifteen minutes, passing only a few drops of high colored urine, followed by burning pain in the urethra. Complained of a "letting down sensation in the region of the bladder,"

after which a few drops of blood passed. Many times the urine was preceded by a flow of mucus and followed by considerable blood. The patient expressed himself as having, while urinating, a "desire to raise upon tip-toe and pull hard on something." My experience with *Rhus Aromatica* in several severe cases of urinary trouble, induced me to give it another trial. Not having the tincture on hand, we added 20 drops of the fluid extract to half a glass of water, and directed one teaspoonful every hour. In twenty-four hours all the severe symptoms were removed and the patient made a good recovery.—*Medical Call*.

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#### **Abortive Treatment of Small Pox by Salicylic Acid.**

Dr. Edwin Rosenthal, acting on the article by Dr. Boyer, has employed salicylic acid in many cases of small pox with good results. The formula employed by him is as follows: *R.* *Acidi salicylici*, 1 drachm; *spts. vini rectificati*,  $\frac{1}{2}$  ounce; *misce et adde*, *elix. simplici q. s.*, 6 ounces. For the angina of variola, he uses in conjunction therewith, the following gargle of xylol, and finds it very satisfactory: *R.* *Xylol*, 1 drachm; *gum acaciæ*, 2 drachms; *aq. menth. pip.*, 6 ounces. *M.* *Ft. emulsio.* *Sig.* Use as a gargle and mouth wash. He confirms the statement that salicylic acid in small pox reduces the temperature, is sedative, and modifies the eruption.—*Medical Bulletin*.

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#### **Venereal Warts.**

By applying, twice daily, equal parts of powdered alum (burnt) and tannin to those troublesome growths, they can be removed in three or four days.—*Canada Med. Record*.

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#### **Sunstroke—Apomorphia.**

Drs. Tomlinson and Murphy call attention (in *The Practitioner*) to the value of the hydrochlorate of apomorphia in the treatment of sunstroke. In three very severe cases the drug was administered as soon as possible after the admission of the patients to the hospital, 1-16 grain being sufficient to produce the desired emesis in two of the cases. The vomiting occurred in less than ten minutes

after the injection; in no case was there any distressing nausea, but apparently an almost instantaneous evacuation of the contents of the stomach. The temperature was reduced, and the pupils became widely dilated, while sensation and movement returned within half an hour. The skin became slightly moist, and the patient regained consciousness by slow degrees. In each of the cases there was complete insensibility; eyes fixed, pupils contracted to the size of a pin's head, and insensible to light; pulse very full and rapid; breathing shallow, stertorous, and accompanied by moaning; temperature very high (109° in one case), and involuntary evacuation of the bowels.—*Canada M. and S. Four.*

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#### **Bicarbonate of Soda Treatment for Burns.**

Patient badly burnt from the ignition of the vapor of ether; fifteen minutes afterward the wound was freely strewn with bicarbonate of soda pulverized—the severe pain ceased almost immediately—after one and a half hours the soda was removed, redness of the skin and tenderness were only present where at certain places the soda had crumbled and broken off. At these places, the next day, bullæ had formed, otherwise the skin was normal.—D. M. Hezenstein in *Medical Gazette*.

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#### **Erysipelas.**

Dr. E. Freeman in the *E. M. Journal*, Cincinnati, Ohio, mentions several cases of erysipelas cured by the external application of tincture veratrum viride. He had the skin painted with it every four hours and covered with a dry bandage.

The medicines given were quinine and iron, with beef tea and nourishing diet. Under this treatment all swelling was arrested by the first application of the veratrum.

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#### **Lactic Acid in Chronic Cystitis.**

(Deecke, *Revue de Ther. Med-Chir* and *L'Union Med. du Can* October, 1880. Page 447.)

Of all the acids which Dr. Deecke has tried in the treatment of chronic catarrh of the bladder, lactic acid appears to him to be

the most efficacious and to give the most durable results. His formula is as follows: Lactic acid, one to two grams, sweetened water q. s. Dissolve. To be taken three times a day. The sweetened water may be replaced by butter-milk or a bitter infusion. The lactic acid is found in the urine after the ingestion of three or four grams. It arrests rapidly the ammoniacal decomposition of urine in the bladder as well as outside of this organ, dissolves the salts which abound there, destroys the microscopic vegetables which develop there, and in consequence acts efficaciously upon the catarrh of chronic cystitis.

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#### **Miss Neilson.**

Miss Neilson died from the rupture of a varicose vein in the left Fallopian tube. Two and a half quarts of blood were found in the peritoneal cavity.

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#### **Vaccine Virus.**

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**Art. XXII.—“Measles and Queries.”—By A. J. Howe, M. D.**

The April number of the JOURNAL contains a short article by Dr. Lowrance, which I will briefly notice. The writer reports that a woman in his practice had measles in May, and was delivered, seven months afterwards, of a child that exhibited at birth a very red skin, and became very sick within twelve hours, and within twenty-four hours after the birth “broke out with an eruption like measles.” There were present the infants of nursing women yet the exposure did not affect them.

The doctor, in his “Queries,” wishes to know if similar cases have at any time been observed, and what medical authors have to say about such things.

I will reply that Dunglison, in the second volume of his *Practice of Medicine*, says: “Some years ago I saw a case of measles in a new-born child, the mother of whom was unaffected, having had the disease in her infancy. It was prevailing in the house. Numerous cases are on record in which children have had it at or soon after birth, when the mother herself was at the time affected.”

But Dunglison's cases were not like Lowrance's. In fact, it is not probable that in the latter's case true measles existed. There is no question that an eruption resembling measles was present, but it was a roseola or rash of some kind, such as new-born infants often have. It is to be inferred from what the doctor says that the measly mother, when two months' pregnant, impressed the foetus, and it did not have the eruption till air reached its cuticle. Then it turned red, got sick, and erupted—the premonitory stage lasting



seven months, occurring *in utero*. But, coming so late or tardily the disease had lost its infective character—all of which is unsustained by the history of other eruptive diseases, and by the general exhibition of measles.

The best account of measles is to be found in Copland's Medical Dictionary. Indeed, if a physician possesses that great work he has the cream of medical literature. He has three volumes of about 1,200 pages each—and the pages have double columns. I think they do not cost over \$15. The average practitioner cannot lay out that amount of money to better advantage. Every disease peculiar to man is discussed in a masterly manner, and a wide list of authorities is cited. If medical men would purchase Copland, when they fixed up articles for medical journals, they would not so frequently ask if anything of the kind was ever seen or heard of.

I bought Copland when dollars rarely came to my hungry pocket. In fact, I had to pinch in many ways in order to secure the coveted prize.

The work was re-published by Harper & Brother in 1860. It first appeared in England, where the author lived; and as such I bought it in many parts. The American edition is the best for the physician's library. I understand that the publication will soon be out of print, afterwards it will have to be picked up at second-hand shops.

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**Art. XXIII.—Professional Consultations.—By J. A. MUNK, M. D., Chillicothe, Mo.**

It is the natural desire of man, irrespective of any trade or profession, to counsel his fellow man concerning the difficulties of his craft. In a knowledge of this fact doubtless originated the proverb of the wise man, that "in the multitude of counselors there is safety." While in a certain sense every man should be independent in his business, yet a sensible man will not refuse counsel nor fail to listen to advice which is meant for his good, even though he cannot adopt it. He is not only willing but ready to hear all sides of a question, that after weighing well all the suggestions, *pro* and *con*, he may be able to decide for himself what is best for him to do. He should be careful to avoid either extreme; of not being willing to hear any advice on the one hand, or blindly following whatever is offered on the other, but should choose the golden mean, using

every available means at his command, and pursue the course which, in his own judgment, seems to be right. Everything considered, this is the safe rule for every man to follow who would make life a success.

The term consultation, as specifically applied to medicine, differs somewhat from its general use, owing to certain restrictions by which it is bound. Indeed, it is often so hedged about by technicalities that the so-called consultation is nothing more than a farce because of the manner in which it is conducted, thwarting the very object for which it was designed.

The first, and perhaps the greatest difficulty, is the bigotry which is found to exist in the various systems of medicine, and to a notable degree in the old or allopathic school. Medicine is not the only thing cursed with bigotry. The world is full of it, and its pernicious effects are seen on every hand. It is evidently decreasing at a slow pace with the advancement of civilization and enlightenment. May it diminish at an accelerated speed. It is not now necessary to recall the bitter fruits of bigotry in the past. All who are familiar with history are acquainted with the facts. What we are interested in most is its present status and the influence which it exerts upon medicine to-day. It is yet a serious bar to progress, and is the chief cause of dissatisfaction and dissension in the rank and file of the profession. However, the bigotry of the lesser sects in medicine is insignificant when compared with what is found in the dominant school. For instance, the differences existing between homœopaths and eclectics, as a rule, do not prevent them from meeting and discussing the same in consultation or otherwise, and wherein they cannot agree, with due respect for one another, they agree to disagree without engendering any bad feelings. With the allopaths it is different. As a class they treat with contempt professionally, if not socially (and what man of any soul cares to associate socially with men who ostracise him professionally?) all physicians whom they please to call *irregular*, for no other reason than that they cannot think on all points alike. There are some worthy exceptions to this rule—men who are nominally of that school, but who are tolerant and liberal in their views. All honor to such men! But allopathy, as a body, is as bigoted and intolerant as ever, but from necessity not so vicious and virulent as formerly.

An organization can not be judged by an isolated member here or there, but by the majority in their legitimate acts. In its laws lie couched the true thoughts and feelings of its members. The allopathic code excludes all physicians from professional recognition who do not subscribe to its peculiar dogmas. It pledges its members not to consult with men of any other faith on the penalty of expulsion. Such a spirit is contemptible to say the least, and is more becoming the dark ages when men were prosecuted and brought to death for opinion's sake, rather than to this age of boasted freedom and liberty of thought. Repeated, but ineffectual attempts have been made to clothe this monster in a less obnoxious garb, but in every instance the disguise has been too transparent to mislead. Back of all this mummerly and maneuvering could be seen the hideous form of bigotry—mean, malicious, odious bigotry.

A second obstacle is the existence among physicians (and among them no more than other men) of petty jealousies and personal differences, which act as a bar to professional fellowship. No serious difficulty of this kind need occur since the world is large and affords room for all and scope for the development of every man's best capabilities without trespassing upon his neighbor. But human nature is weak and where personal interests are involved, but few men are able to resist the promptings of vanity and selfishness in their own behalf. Thus it sometimes happens that physicians become envious of each and lose no opportunity to do each other all the damage they can. Various methods are resorted to to accomplish their ends; by word, or look, or insinuation, or open act of opposition, whichever seems to be the most effective for the purpose. Where such a state of feeling exists no better opportunity can offer for doing derogatory work than a professional consultation. The advantage in such a case, however, is always with the consulting physician and against the attending physician, for reasons which will appear under another head. If the counselor is disposed to be vicious he can do his colleague immeasurable harm. Bigotry alone is sufficient to do all the harm that any fiend could wish; but when the two evil spirits, bigotry and jealousy combine in a common cause as they have been known to do, no power in the earth or out of it can equal their malignancy and hatred, or exceed their

capacity for producing wreck and ruin. Men who are engaged in the benign employment of ministering to the necessities of the sick should never be disturbed by such unhallowed thoughts and passions. Kindness and sympathy are more becoming their vocation and these they should cherish and cultivate with diligence. It may require an heroic effort to do this, but the attempt should be made at all hazards.

As a third cause of dissatisfaction may be named the ignorance of the masses on medical topics. It is not intended that every person should be educated for a doctor, but only that people should know enough to use sound reasoning and common sense on such subjects as they do about other things. Because people fail to discriminate in such matters, they not only deceive themselves but also injure others. It makes wrong estimates all around. At one time unwelcome praise is bestowed and at another undeserved censure. In either case must the verdict be unfair to some one. It is the failure of the masses to properly comprehend the situation that gives the consulting physician such an advantage over the attending physician in a consultation. From the moment that the thought of a consultation is seriously entertained, does the usefulness of the latter cease. All blame, real or imaginary, is then heaped upon him, and whatever he may thereafter say or do is received with a doubtful shake of the head or shrug of the shoulder. To illustrate, let us suppose a case which is not uncommon. A physician has charge of a patient who is slow to recover. Because a cure is not effected in a given time, the doctor is regarded as a failure. No allowance whatever is made in the popular mind for possible contingencies over which the physician has no control. That the patient is still sick is sufficient evidence that the treatment has not been of the right kind. It is decided to have counsel and another physician is called. Why he is chosen in preference to any other, none can tell, unless it be that he was recommended by some friend, or that he had cured a similar case elsewhere, or that he is popular, or for some other trivial reason, either of which being inadequate to an intelligent choice. But no matter what may have been the reason, being chosen he enters upon his duties with everything in his favor, and what he may say or do affects nothing in the final issue. If the patient recovers he gets the credit of the cure. If the patient dies,

he is excused from any responsibility. But how about the attending physician? All the chances are against him. If the patient recovers, it is proof positive that he has not done his duty. If the patient dies the death is promptly charged to his account. The former has everything to gain and nothing to lose, while the latter has everything to lose and nothing to gain.

Under such difficulties, can a physician be justly censured for postponing a consultation as long as possible. A physician who rightly appreciates the situation, is ordinarily in no haste to call a consultation. Until there is a decided improvement in these things, the physician who calls the fewest consultations will succeed the best.

**Art. XXIV.—Specific Diagnosis and Medication.\*—By A. W. Bixby, M. D.**

*Mr. President and Gentlemen:* The question herein briefly discussed, I am convinced is one of no little importance to the medical fraternity, as well as to mankind in general.

I am also well aware that there are some in the medical profession who cry out "hobby rider" at the votary of specific medicine. For centuries the world has been taught that there is no certitude, no directness in specifics in medicine; and the medical man who dared to contradict this heathenish dogma of uncertainty was promptly read out of the profession by the leading lights (?), as was Sir Wm. Harvey for an equivalent sin, i. e., for asserting that "the blood circulates in the human system."

It was admitted that law held dominion in every field of human endeavor except the profession of medicine. Here the wand of chance must reign supreme because mouldy old volumes so announced, and the dark, mysterious, superstitious legends of antiquity, for the same reason, must be enshrined in the human heart, though intellect was confounded and reason dethroned. And thus has medical progress been retarded in its onward march through the ages, by the clanking chains of ignorance, bigotry and intolerance. "But truth, though crushed to earth, will rise again; for the eternal years of God are hers."

\*A paper read to Kansas State Eclectic Medical Association, held at Topeka, February 8, 1881.

And specific medicine will live, for its principles are based upon incontrovertable facts, and its philosophy is builded upon nature's immutable, eternal laws. Notwithstanding the neglect endured, the sneers, ridicule, distortions and misrepresentations heaped upon it by dissenters and foes, yet the "positiveism" of medicine, with its irrepressible vitality, will, by and by, permeate every department of therapeutics.

Even to-day, gentlemen, the progressive man, with his back turned upon the bleeding, blundering, torturing of past medicine, and his intellect illuminated with the facts and principles evolved in the present century, dares to assert that "there is certitude in all the departments of medicine," and imbued with the same faith and energy of soul displayed by a Galileo, a Fulton, a Morse, a Harvey, he will live to see the asserted principles crystalized into the rational, successful practice of the nineteenth century.

With these preliminary remarks, I will proceed to discuss, briefly, the subject-matter of this paper more intimately. It must be remembered that within the scope of a society paper it will be impossible to do more than merely call attention to some of the outlines of so vast a subject.

Specific diagnosis and specific medication are intricately and inseparably interwoven. In considering the one, of necessity we must consider the other. Specific diagnosis does not consist simply in naming a disease with certainty in its entirety in accordance with present nosological tables. It is well to be able to do this, but we must not stop at that point and begin to batter with shot and slug promiscuously. We must go further to arrive at a specific diagnosis.

We must analyze and determine the pathological condition of the different systems and organs of the body that generate, evolve, develop and distribute the life forces. Is there an excess, where? A defect, where? A perversion, where and in what direction?

The nervous, circulatory, digestive, assimilative, secretive and excretive systems must all, as well as the blood, be brought under the closest scrutiny and their several conditions determined—whether they be normal or abnormal. Individual organs must be questioned with equal care. Disease is a wrong of life; and to be able to correct, we must know exactly where and how wrong.

Such a diagnosis—specific in its nature—must be based upon a correct, practical knowledge of physiology, anatomy and pathology; of the expressions and indices of every organ in health; of the expressions and indices of every organ when diseased; of the expressions and indices of the entire organism in health and in disease, for every organ as well as the entire system, has its peculiar expressions and exponents which indicate its condition, whether well or sick, in what way and to what extent. And last, but of primal importance, we should discover the connecting link between the diseased condition and the remedy. This connecting link will be some expression or exponent of the diseased condition. By a diseased condition I mean that state of the organ, or system, as the case may be, that prevents it from performing with comfort its legitimate function or labor as it would in health. To remedy or cure a diseased condition, would be to bring or aid it back to a state of normality—health.

Some may think that such an analysis, diagnosis, and determination of the remedy, with certainty, would be difficult, yea, impossible. It may be difficult, at first, especially, but not impossible. With the senses and percepts educated, and the reasoning powers trained to logical thinking, one can be as definite and certain as in any other department of human observation and thought.

The musician must strike the keys of his instrument, in difficult combinations, with rapidity, accuracy and certainty in order to produce exquisite harmony. The architect must conceive in aggregate and in detail a vast array of minutia, intricate relations and combinations, that the structure, immense in its plan, may come together properly, embracing beauty, strength and durability. To accomplish such a task every perception, every idea, every process of reasoning, must be definite, accurate, certain. The astronomer must exhibit the same exactness and certitude in all of his observations, calculations and reasonings, that his work may be correct and his predictions verified.

The musician deals with the laws of harmonics; the architect with the laws of mechanics; the astronomer with the laws of the heavenly bodies, and the physician with the laws of health, the laws of disease, and the laws of remedies. And all of these laws, as well as all others, are simply reigning, positive forces in the different realms of the active universe.

If there is certainty in one domain of nature, it pervades every domain; and can it not be evolved in one field of observation as well as another? But to do this is a personal thing with every practitioner. He cannot learn it from books or journals—they are great aids in pointing out the way in many cases—but he must study it out for himself.

Without endeavoring to point out how all the senses and powers of the intellect should be trained and educated that reliable data may be furnished, and logical, sound conclusions formed, I will proceed to give some practical points.

By a specific remedy, remember, I do not mean an agent that will cure a disease in its entirety with our present nomenclature; but one that will cure, or correct, an abnormal condition, either functional or organic, of a single organ or of a congeries of organs. There may be, according to this idea, several lesions, or wrongs, of life constituting a single disease; each lesion may require a separate remedy; or possibly a *basic* wrong—other minor lesions growing out of this—which a single remedy will correct, and all other wrongs will be corrected simultaneously.

The idea may be illustrated by the grave zymotic disease, typhoid fever. By analysis, we find it composed of several wrongs, viz.: a nervous, a circulatory, a temperamental, a secretive, an excretive, a digestive and assimilative, and a blood lesion—all necessary to constitute the disease. In the treatment of such a disease it may be necessary to exhibit several remedial agents to secure our patients' best interest. But this end cannot be reached by mixing all the drugs together and administering them; nor by treating every typhoid patient the same—with same remedies and in the same way. Some will need acids—hydrochloric, nitric, phosphoric, or sulphurous, as indicated; some will need alkalies—sulphite soda, hyposulphite soda, chlo. sodium, or acetate pot.; some baptisia; some aconite, veratrum, rhus tox., bryonia, belladonna, gelseminum, ipecac, lycopus, hamamelis, kino, macrotys, nux, phosphorus, or alstonia, as indicated. All will need proper bathing, proper food, and good nursing. A specific diagnosis will determine a specific remedy for the morbid condition if it is remedial. Of course I do not mean to kick nature out, and attempt to make drugs force a cure, but I mean that we can, by the above process, select agents that



will *promptly* and *positively* aid nature to correct the wrongs of life.

To illustrate practically, give some indications, and name remedies, I will review a case of fever, such as has prevailed over a large territory in the United States during the last two years. It has been named typho malarial, or typhoid fever, by many physicians, but, perhaps, a more appropriate name would be, nervous fever. Let that be as it may, a typical case (severe) may be briefly described thus: It makes its inroads upon the system slowly, persistently, several days usually elapsing from first feelings of indisposition until patient takes his bed. Patient now feels extremely prostrate, nervous, restless; severe cephalalgia, frontal, occipital or general; tense, severe aching through whole body; bruised feeling of flesh; local paralysis; temperature  $102^{\circ}$  to  $107^{\circ}$ ; delirium, typomania; quick breathing; sore throat; irritation of bronchi and lungs, with severe cough; partially or wholly deaf and dumb (local paralysis); nausea, emesis, gastro-intestinal irritation and soreness; tympanitis; suppression or incontinence of urine (local paralysis); constipation at first, afterwards typhoid diarrhoea; epistaxis; hemorrhage from bowels; heavy coating on tongue and sordes on teeth, with very offensive breath—sepsis of blood. With proper treatment, the usual duration of disease is fourteen to twenty-one days, occasionally longer. The above is a synopsis of a severe case (of which I treated several during the fall past) while in many cases the symptoms were milder. Where the patient had been neglected, with no treatment for the first seven or eight days, or had received the regular allopathic treatment (as several cases I met with had), the patient was pretty certain to be about as described above. If treated from the first, day by day, with a specific treatment, the patient invariably progressed comfortably and made a good recovery.

Remedies were selected as follows: The sedative was aconite or veratrum, or both. With small, wiry pulse, aconite; full, bounding pulse, veratrum; pulse medium, aconite and veratrum combined; drowsiness, dilated pupil, partially closed eyelids when asleep, expressionless or dark flushed face, belladonna; restless, wakeful, irritable, eye bright and pupil contracted, bright flush on face, gelsemium; nervousness, sharp-stroke pulse, pointed tongue with strawberry papillia, bruised feeling of flesh, rhus tox; deep-seated,

tensive aching, resembling rheumatism, macrotys; sharp, cutting pain, flushed right cheek, tympanitis, oppressed, quick breathing, bryonia; moist mouth with trembling tongue, phosphorus; nausea, vomiting, ipecac; gastric irritation or intestinal soreness, sub. nit. bismuth; epistaxis or hemorrhage from bowels, hamamelis; diarrhoea controlled (not checked entirely) by lycopus or kino; tongue enlarged, edges purplish, center brown or dark, breath fetid, baptisia; tongue red, dry, cracked, brown coating, sordes on teeth, hydro-chloric acid; sore throat, mucous membrane of mouth pale, enlarged thyroid glands, phytolacca; mucous tissues of mouth pallid, pasty, dirty coating on tongue, sulphite of soda; mucous tissues of mouth pallid, coating on tongue and sordes on teeth heavy and dry, acetate pot. (in such cases the sedatives would not sedate; saw several cases of the kind, the patient growing worse. Twenty-grain doses of the acetate pot. every two hours, with plenty of water, and a marked improvement invariably followed); if the constipation was persistent, as it was occasionally for several days, it was overcome with small doses of cascara sagrada; in the latter stage, as the fever waned, small doses of alstonia given as general tonic.

Of course you must understand that the above remedies were not all given to any one patient, but such as were indicated; and that those indicated were given, not all compounded together indiscriminately, but singly or in simple combinations or alternated. Thus administered, in clear, pure water, as they were specially indicated, the morbid conditions were promptly corrected or favorably modified. Veratrum, aconite, belladonna, rhus tox, bryonia, ipecac, phosphorus, macrotys and baptisia, were administered in small doses—drops v. to xv. to four ounces of water; teaspoonful every one or two hours. Some may think as a young regular in our town, who believes in the saving grace of quinine and turpentine emulsion, that Bixby's medicine is pretty thin. But, thin or thick, it is better for the patient, though not for the undertaker, than quinine, turpentine emulsion, calomel and morphine.

The above is but a brief, meager outline of a specific diagnosis and medication of a grave disease, and with a marked success. Out of more than two hundred cases thus treated but four died, a mortality of two per cent, while ye regular in the same field had a

regular mortality of fifteen to thirty per cent in the same class of cases. And thus I believe any disease, acute or chronic, can be analyzed and treated with a pleasant success far ahead of the old routine way, *i. e.*, naming the disease in its aggregate and firing heroic "shot-gun" prescriptions at the name, hoping that some stray shot will destroy the enemy.

A few diseased conditions indicating specific agents may be thus pointed out: Acute or chronic cystitis is cured by *triticum repens*; dropsy (edema) by *apocynum cannabinum*; jaundice by *chionanthus*; constipation, from intestinal atony, *casarea sagrada*; chronic cough, with profuse expectoration, *yerba santa*; temporary enlargement of spleen and liver, with soreness in these regions, (portal congestion), *chelidonium*; functional derangement of uterus—suppressed, profuse or painful menstruation—patient nervous, melancholy, dark circles around the eyes, *macrotys* and *pulsatilla*, alternated or combined; sallow complexion, a yellowness around the mouth particularly noticeable (great sympathetic and its branches depressed), *nux vomica*; general feeling of tiredness and depression, cold extremities, tongue moist, trembling and broad, with dirty, foul coating, *alstonia constricta*; palpitation and heart weakness, *cactus grandiflorus*; diphtheria, with mucous membrane of mouth pale, with enlarged thyroid gland, *phytolacca decandra* will be the most important remedy; anemia, with blue veins, iron—if mucous membranes pallid, metallic iron—if mucous membranes red, *tr. chloride of iron*; enuresis, *rhus arom.*, etc.

But I must conclude. The subject has, for want of space and time, been touched but meagrely. A society paper must be too short to do justice to so broad a subject—a subject co-extensive with the combined scope of both therapeutics and materia medica.

What has been presented herein, is from practical experience, aided, of course, by what I learned in the lecture room\* and from the study of books.

Specific diagnosis and medication has had my closest attention and thought for three years, and I know that there is definiteness, certainty and directness in small doses of pleasant medicine.

And if there is one present who never tested for himself this idea

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\*Dr. Bixby is a graduate of the American Medical College, St. Louis.—Ed.

of "specifics," let me urge you to enter the field of investigation at once.

It will be more difficult and require more labor than the old routine way, perhaps, but it will, unquestionably, yield richer results. It will extend your practice and usefulness, increase your remuneration, curtail mortal suffering, augment human weal; and last, but not least, it would emburnish a crown of diadems, more precious than gold, that would encircle your brow when "all men shall be judged and rewarded according to their works."

McPherson, Kansas.

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**Art. XXV.—*Naevi*.—By E. YOUNKIN, M. D.**

*Naevus* is a congenital disease of the blood vessels, producing a dilatation either of the veins, arteries or capillaries of the skin or subcutaneous tissue. In some cases an actual tumor presents, in others there is but little enlargement, but obvious discoloration, varying in color from a dark or purple hue to that of claret or port wine. The general impression is that the disease is the result of some maternal mental influence, the effect of sudden shock during gestation. Some singular cases of this character have been given which cannot be otherwise explained.

A *naevus* is exceedingly vascular, and if the skin is broken is apt to bleed profusely. The capillaries forming the media of communication between the veins and arteries become dilated; hence the hydraulic pressure and impulse of the heart's action seems greater at the point of disease than in the natural tissues. At birth the discolored spot is usually of small extent, being merely a point or speck, but thence it may increase rapidly until it obtains a certain size, after which it remains stationary, disappears by absorption, or ulcerates until it is taken away by degrees.

Very simple means will sometimes eradicate them, such as astringent lotions or slight pressure, but in others the most heroic treatment is necessary to a cure. If a *naevus* is stationary, not inconvenient and not situated in a place to occasion deformity, it ought not be meddled with, but if it interferes with any organ or disfigures the countenance, it ought to be removed. The removal is not attended with as much danger as surgeons formerly supposed.



Fig. 1.

Mr. G., aged 19 years, came to me with a naevus upon his tongue. Fig. 1. In childhood it was quite small but now it had filled up the mouth, and interfered with eating and speaking. At times it was quite purple, whilst at others it seemed to be less congested.

I placed my patient under chloroform, drew out the tongue with a pair of forceps, which was then held by an assistant, and slipping a platinum wire noose well around the tumor, I took off the mass by the galvanic cautery, searing it slowly as I passed through the tissue. One small arterial branch spirted its blood, which was soon checked by the application of the galvanic cautery.

The patient suffered with but little soreness, made a good recovery, and, I am told, can articulate well.



Fig. 2.

Little Johnny B., aged five years, was brought to me with a vascular growth involving the whole of the lower lip. (Fig. 2.) The tumor was of a bright claret color, and hung down upon the chin, thus presenting a very great deformity. The mucous membrane of the gums along the teeth, as well as that of the lip, was involved in the disease. This was taken off with the galvanic cautery without the loss of a drop of blood. After the tumor was excised the iron to a white heat was applied to the remaining disease about the gums. Nine months having elapsed since the operation, a letter informs me that it is an entire success.



Fig. 3.

Willie H., aged ten years, had a naevus upon his forehead. (Fig. 3.) The tumor was of a bright red, and was increasing in size. It was, at the time of my examination, the size of a large filbert. In this case I first passed a ligature through the base, dividing it into quarters, and ligating it in four different parts, but on account of not sinking the ligatures sufficiently deep, a nucleus was left after the slough, and the naevus

again recurred and soon grew to the same dimensions that it had formerly. I now penetrated the base more deeply with two silver pins, then cutting through the skin as a groove for my ligature, I applied a double silken cord beneath the pins and drew it as tightly as I could and then tied. In a few days the mass came away and no further appearance of the disease. A *nævus* located where compression can be made, may be removed with the knife or sharp scissors. A fold of wet lint should be covered with Monsel's salt and applied after the diseased part is removed and held there for four or five minutes. Blood coagulates firmly as soon as it comes in contact with Monsel's salt, and if the vessels are not too large it occludes them with as much certainty as a ligature. Other remedies have been recommended. Vaccination in the tumor, hot needles, etc., but these have failed where the disease was extensive. I have a case now in which I expect to try the injection of carbolic acid.

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**XXVI.—The Mechanical Support of the Uterus.—By S. S. STAUFER, M. D.**

I have given this subject my impartial attention for over twenty years, both in application and manufacturing.

From 1857 to 1861, when I first entered upon the study of medicine with the intention to make this department my chief study, glass ball pessaries were in extensive use but losing their popularity at that time on account of accidents, yet found to ascend in the vagina, and at least mitigate much suffering.

Meigs then brought in use a gilded metallic ball. This obviated the first or dangerous part, but not the difficulty of removing, as it would, like the glass, slip out of finger's reach.



I called on Warner (Meigs's instrument-maker) and suggested an indentation and staple to attach a string, as my hard rubber globe pessaries now have. This was adopted. But a third difficulty appeared. The parts in contact with the metallic ball became numb, paralytic like. This ended the use of the gilded globe pessary. Some speculation arose as to the cause of this numbness. I attributed it to a disturbance

of the electricity in the body from the different metals, but had to support the theory alone, as I could find nobody to help me—unlike the women who enlist one or more to help them to keep a secret. But since we are better posted in galvanism, the result is plain that the different metals used produced a galvanic action, and the gilded ball was the first galvanic pessary, not intentional, but accidental.

The years of experimenting with the contrivances in the instrument stores I will not occupy space, as your readers had the same experience; hence, the idea prevails to a great extent that still no efficient instruments were in existence, and thus leave even the procidentia cases, the easiest of all to hold, and bed-ridden retroversions to specialists and outside of the profession pretenders.

After working for years with my own hands, modelling and remodelling I hold now the hard rubber moulds for over 150 in size and style uterine supporters and examining instruments so simple that any practitioner can be a successful gynecologist. Since the material is so abundant, especially in the Western states, it has no equal in the profession, both in remuneration and elevation of the practitioner.



These instruments are all in use, and required as to circumstances, but among the supporters the deep leaning cup on elastic gums, ss, as represented in this engraving, is now mostly used, either on abdominal, satin belting. Price, \$5 50. Or on elastic waist, belt only \$4 50. Hip measure to be given for former and waist for latter. The size cup depends much if a nullifara or a multifara.

The catalogue, which is mailed free from my office, 654 Franklin street, Philadelphia, Pa., to all correspondents who mention the *AMERICAN MEDICAL JOURNAL* contains a large amount of information on this line of treatment, many quotations from other authorities, in addition to the illustrations and descriptions of this series of instruments.

**Art.—XXVII.—Pneumonia.—By S. C. Cook, M. D.**

DR. PITZER: In reply to your request for pneumonia treatment, in March number of your journal, I append my treatment for an adult: R. Tinct. ver. vir. (Norwood's), xx gtt; fld. ext. ipecac, xxx gtt; fld. ext. lobelia, gtt. xxv; aquæ, iv ℥. M. S. Teaspoonfull every hour. Also. R. Fld. ext. lobelia seed, iv ℥; lard, iv ℥. M. S. Mix thoroughly and spread on a cloth thinly and apply over the chest to the extent of the dullness. Avoid letting the plaster extend over the stomach or it will produce emesis. If the pulse is weak, tinct. aconite root may be used instead of veratrum in the first prescription in the proportion of xxx gtt to water ℥ iv.

Now, sir, the above treatment will positively cure any uncomplicated case of pneumonia in any stage, in from twenty-four to forty-eight hours, as I have proven in 112 cases in the last eighteen months without a single exception or funeral. Get your medicine from a reliable house and don't substitute, and you will cure every case.

Wright City, Mo., April 4, 1881.

**Art. XXVII.—Vaccination and Re-vaccination.—By S. H. PORTER, M. D.**

Until within about one hundred years, all eruptive fevers were considered as only varieties of one disease, due to a similar cause, and the individuality of all of them was not fully established until a more recent period.

At the present time all eruptive diseases are conceded to be caused by "an infectious miasm peculiar to each, individually," except roseola, an insignificant one.

Unfortunately, we are as unable to define the real nature of said infectious miasm as we are that of malaria and of most other causes of diseases as well.

Alike inexplicable is the fact that the physical system is open to only one attack of small pox, after which it becomes impermeable by such infectious miasm. What inherent elementary principle or humor exists in the body to which infectious miasm shows such an affinity, and the disease eradicates has never been named. But for elucidation let us christen it *variolum*, and which



is either neutralized or eliminated by the serious evolution variola produces.

Investigation has proven that the horse, cow, sheep, and perhaps other animals are subject to a similar or identical disease to that of small pox in man, and that variola is transferable from one to the other; but when transferred it becomes greatly modified.

A few authentic cases have been reported in which small-pox has occurred in both man and animals without vaccination or any known cause of infection, although whether the physical system is really liable to such a calamity yet remains an open question so far as I know.

In 1798 the immortal Dr. Jenner, after twenty (20) years of careful experimentation established the fact that pure kine-pox virus inoculated into man would so modify the disease as to render it harmless in a varioloid form, and give immunity from the disease in any form.

Very naturally this startling discovery, like most other great improvements, elicited the full force of antagonism from the rank and file of the so-called regular profession, who have ever opposed innovation as a rule. In this we witness the power of truth, since most civilized governments have endorsed Jenner's discovery by enforced vaccination.

The only argument now urged against this humane law is, that through vaccination, other grave diseases are entailed upon humanity, degenerating our race. Such a serious complaint, admitting its truth, it is plain to see, is not against the necessity and propriety of vaccination *per se.*; but is highly discreditable to that portion of our profession who, from want of scrupulous care or due intelligence, obtain and use impure vaccine virus, and upon them, rests the whole fearful responsibility.

As a rule, this is the reason why re-vaccination becomes necessary. As an illustration: A recent appearance of small-pox in this city rendered it imperative to enforce general inquiry, and vaccination of all needing it. A leading physician informed me that he had plenty of virus which he had kept two years; that he always kept it folded in tinfoil and immersed in glycerine; and in this way he made a profitable enterprise of vaccination. He further acknowledged that his treasure consisted of divers two-year-old scabs,

secured from persons whom he had vaccinated. I have known many other doctors obtain, or preserve for their use from no better sources, or less efficient virus. Most professions and pursuits are infested with incompetents, or worse, but the results of their perversity forms no argument against generally-approved and priceless discoveries like that through which Jenner has saved untold millions from an odious disease.

*Is re-vaccination necessary?* Certainly, and for two important reasons.

*First*—To test the virtue of the first operation as fully protective. Before my recollection I was vaccinated. I have attended hundreds of cases of varioloid without experiencing the least symptom due to its miasm. But the liability to small pox differs greatly in different individuals, and we have reason to believe that it differs much in the same person at different times. During variola epidemics the facilities for contagion seem much enhanced, due to the epidemic influence, and vaccination at such a time seems enhanced. Others might not be as fortunate as my own vaccination has proved.

*Second*—Proper vaccination gives immunity from small pox precisely in proportion that it eliminates what we christened variolum or all affinity to the variola miasm from the system. In a procedure of so vast importance, which requires so very little outlay and trouble, it is both wise and prudent to revaccinate until the genuine vaccine virus ceases to have the characteristic effect. This is what ought to be taught and practiced by the profession, is the humble opinion of the writer, deduced from long experience and observation and respectfully submitted.

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**Art. XXVIII—Eureka Springs of Arkansas.—**By JOHN W. THRALL-KILL, M. D.

[Concluded from April JOURNAL.]

**KIDNEY DISEASES.**—Functional disorders of the kidneys are often obscure and difficult to elucidate or understand. The reason of this is probably due to the fact that these organs often get the blame for diseases of other parts. The secretory apparatus of the kidneys is not subject to many diseases which originate elsewhere. Many of the so-called kidney diseases are due to imperfect digestion and assimilation of food. I have stated above the marvelous

effects of these waters in promoting digestion; it may readily be inferred that they are good for diseases of the kidneys; and such is the case. The use of the water induces a free and easy flow of urine.

At least one case of Bright's disease of long standing and apparently hopeless has been entirely cured by the water. This is a remarkable fact, as this disease in its advanced stages is justly regarded as incurable in the majority of cases by any known means.

Cases of diabetes of long standing have been cured by the use of the water in a few weeks. It has not been tried in many such cases as the two last mentioned, but I have not heard of an entire failure to be benefitted in any cases of those diseases where the water has been properly tried.

**SCROFULA.**—This water is justly reputed to be curative in this disease. I had under my observation last summer one of the worst cases of this disease I ever saw. The young man was almost rotten with ulcers, and was too poor to obtain the common comforts of life. He slept out and ate what he could beg, yet he recovered the ulcers healed and he looked like a new man before I left the springs in November.

Scrofula is classed among the constitutional diseases, and is marked by an excess of albumen in the blood. Albumen and oil are the parents of cell development. Albumen accumulates in the blood in this disease because the vital powers of the system fail to convert the normal amount into living tissue. This water increases the secondary as well as the primary digestion, thus dissolving and removing the worn out matters, which increases the demand for nutritious matters, and the blood gives up its excess of albumen to supply this demand.

**CATARRH.**—Chronic catarrh is an inflammation in the mucous membrane where it is located.

**NASAL CATARRH** is most frequently met with. It arises generally from repeated colds, and is extremely common in our Northwestern states. A residence at these springs, with the use of the water, cures nearly all cases, unless they are of syphilitic origin; then it is a very intractable disease. I am acquainted with the history of some very severe cases of simple nasal catarrh which were cured by these waters.

**BRONCHIAL CATARRH.**—Bronchial catarrh, or chronic bronchitis, is an inflammation of the mucous lining of the bronchial tubes, and is extremely common. I believe the water of these springs to be an excellent remedy for it, and capable of curing many cases.

**CATARRH OF THE LARYNX.**—This is a most troublesome disease, and does not readily yield to the ordinary methods of medical treatment. These waters will benefit most cases of the kind, and cure some. These laryngeal catarrhs often originate in the pharynx, and slowly travel down into the larynx.

**PHARYNGEAL CATARRH.**—This disease is often the cause of partial deafness, by involving the Eustachian tube and middle ear. If the disease does not involve the hearing, it may exist for a long time without much inconvenience to the individual. Like the other catarrhs, it is benefitted by the use of this water. Those cases of deafness arising from this cause are usually benefitted by the water.

**CATARRH OF THE BLADDER.**—Simple catarrh of the bladder is another disease which the water is very effectual in curing. Cases of gonorrhoeal origin are more intractable, if they are of long standing, and may fail to get relief here, as indeed some cases will by any known method of treatment.

Uterine catarrhs are not commonly produced by the causes that give origin to the other members of the catarrh family. My observation of these female troubles while at the springs was very limited, rendering me incompetent to say what the water will do for them.

**LIVER COMPLAINTS.**—The action of the water upon the entire glandular system has already been mentioned. Functional disorders of the liver are generally relieved by the use of the water. Those living in malarious districts, especially the biliously inclined, with torpid livers, are greatly improved by a sojourn at these springs. The so-called class of malarial diseases rarely originate at the springs. There is no local cause for them.

Old cases of organic disease of the liver cannot expect to receive much benefit here. Such are often incurable. The indurated condition of the organ produced by the long use of alcoholic drinks can never be wholly remedied.

I saw some old cases of hypertrophy of the spleen which, after a residence of several weeks here, were not materially benefitted.

**CHRONIC CONSTIPATION.**—No medical treatment I have ever

known equals these springs in curing old cases of constipation of the bowels. Even old persons in whom the complaint is often regarded as incurable, experience great relief from the use of the water. The action of the water upon the secretions, inducing an augmented flow of them into the alimentary canal, softens up the fecal matters and thus excites free and easy actions from the bowels.

**PILES.**—These springs have acquired a great reputation for curing piles. I have known cases of the complaint of many years standing cured by the water in a few weeks. Most cases of this disease are caused by constipation or active purgation by drastic medicines. The regulation of the bowels by the water gives nature a chance to restore the parts to a healthy condition.

**CONSUMPTION.**—Those afflicted with tubercular consumption are not materially benefited by a residence at the springs. I would advise such to go elsewhere in search of health.

**PARALYSIS.**—These are the only medicinal springs that have acquired any reputation for curing paralysis. A great many paralytics were at the springs last summer, and from numerous inquiries which I made I believe most of them were benefitted. I had under my observation a number of cases of the kind which improved very much. In one instance a lady had been blind for many years with paralysis of the optic nerve; she recovered her sight (in one eye) quite suddenly by the restoration of the functions of that nerve.

**ULCERS.**—Ulcerated surfaces, either of the skin or mucous membranes, are markedly benefitted by the use of this water. It has a stimulating property that excites healthy granulations. Old ulcers on the lower extremities may be cured by the internal and external use of the water.

**ASTHMA.**—While these springs do not cure many cases of asthma, they give relief more or less complete in most cases. There are different kinds of asthma, produced by different causes. Many cases are produced by chronic inflammation somewhere in the air passages, in the mucous membrane of the larynx, pharynx, nasal passages or bronchial tubes. This inflammation is generally of catarrhal origin. Other cases of asthma are purely nervous, and resemble chronic whooping cough. Very few asthmatics are to be found with throats of a healthy appearance. As I have been a sufferer from this disease myself I have taken pains to observe its deculiarities in different persons.

Those cases of asthma which are caused by a catarrhal inflammation of some part or parts of the air passages, are greatly benefitted or entirely cured by a residence at the springs.

**FINALLY.**—There are many other diseases which I might mention in detail, but I deem it unnecessary to do so, as what I have written, though very brief, is quite sufficient to convey a good general idea of these springs as a curative resort for invalids. It only remains for me to make a few remarks which will be of interest to every invalid who visits them.

**BEST SEASON OF THE YEAR.**—While the winters are mild in this region, they are not the best time to visit the springs. Between April and November will suit all classes of diseases best. No one need be afraid to go to these springs on account of the hot weather. The sun shines warm, to be sure, in mid-summer, but the nights are always cool, and from the great purity of the air, good sleep is always insured. In the North, especially in cities, the heat at night is often more disagreeable than it is during the day. No such great oppression is ever experienced here. Such sound sleep as is always obtainable here in the cool nights of the hot season, contributes very greatly to the restoration of the afflicted. Nervous and mental derangements cannot but experience the good effects of such sound and healthy sleep. I have the honor to be one of a committee appointed by the city council of Eureka Springs to represent to the Legislature of Arkansas the suitableness of these springs as a location for the new lunatic asylum soon to be erected by the state. No stronger an argument can be presented in favor of this as a good location for that institution, than the fact that the climate is such as to insure sound and healthy sleep through all the hot season of the year. It is a fact that the mentally deranged sleep but little, and any influence of the surrounding elements that induces this needed rest of brain and nervous system, cannot act otherwise than as a restorative.

**ADVISABILITY OF EMPLOYING A PHYSICIAN.**—There is a prejudice quite prevalent among the people who live at the springs against the employment of a physician by those who are using the water. This prejudice does an injustice to the worthy physician, and an injury to the sick themselves. Certainly no one is so competent to judge of the best methods of using the water in the va-

rious diseases, and as to the necessity or not of giving medicines at the same time. There are many cases that visit these springs that would recover in a much shorter time than they do if they were under the care of a competent and judicious physician. Again, there are cases that the water cannot benefit, or indeed that may be injured by a stay at the springs. The experienced physician might point out this fact at once, and thus save the patient considerable in health and expense. I sent patients home last summer a long time in advance of their expected return by informing them that the water could not possibly do them any good. Those who derive most benefit from the use of the water, use it, as a general thing, under the advice of a physician.

**THESE SPRINGS DO NOT CURE EVERYBODY.**—It should be borne in mind that the great majority of persons who visit these springs in search of health are such as have tried every ordinary means without obtaining relief. If out of such a class one-half is restored to health by the use of the water, the result ought to be regarded as not only satisfactory but wonderful. People came to these springs to try the effects of the water, whom no power on earth can save from an early death. Others come afflicted with complaints which are incurable by any known means, and after staying awhile go away, and in some instances denounce the springs as a humbug. There are others again who come here whom the water cannot benefit and who might be cured at home by good medication or a surgical operation.

**THE FUTURE.**—I venture to predict a great future for these springs. It has already been demonstrated in a sufficient number of cases that the water possesses extraordinary medicinal properties, and it only remains for that fact to become generally known to induce a vast number of invalids from all parts of the world to visit them. The pure mountain air and agreeable climate, the absence of severe changes in the weather and also of severe winds, are so many great advantages of the place as a resort for invalids. The want of railroad communication, which has been so severely felt in the past, will now soon be supplied, as a survey has already been made to the springs from Seligman on the Arkansas branch of the St. Louis and San Francisco Railway, and the road will doubtless soon be built. The distance represented by this survey is eighteen miles.] A telegraph line is already in operation to the springs.

Nothing in the history of mineral springs equals these for extraordinary rapidity of growth, both in the reputation of the virtues of the water and the material development of the town. Previous to July, 1879, these springs were unknown as possessing any uncommon virtues except to a few individuals, and were in a wilderness seldom visited by man. Now, after a year and a half, there is a city at the place with streets a mile in length, and a permanent population of 5,000 and a constant visiting population of as many more. And everything points to an equally rapid development in the future.

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### ABSTRACTS.

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**A Case of Pseudo-Membranous Laryngitis—Successfully Treated with Turpeth Mineral, Aconite, and the Subcutaneous Injection of the Sulphate of Atropia—By HORATIO BIGELOW, M. D., Washington, D. C., in *Medical Record*.**

On Sunday, January 9th, of the present year, I was sent for at about five o'clock in the afternoon, to see the eight months old child of Mr. C—, residing on Madison street. Upon my arrival the mother informed me that the baby had been ailing for a day or two. Toward evening it would become hoarse, would choke, and seemed to have difficulty in breathing. It had coughed considerably, and the cough was peculiarly harsh and jarring. At times, also, it breathed with difficulty.

I went into the next room and saw a healthy female child, eight months old, laboring with all the force of its inspiratory muscles to force the air through a glottis that was evidently in some way obstructed. The expiration was exceedingly difficult, and accompanied by a hissing sound as loud as that made during inspiration. Shortly after a paroxysm of dyspnoea occurred, and the child's face assumed a look of distressing anxiety. The face became livid and then dusky red, and for a time the child seemed moribund. The dyspnoea existed both during expiration and inspiration. By floating some of the ejected matter in water, patches of false membrane became visible. The breathing could be heard in every corner of the room. The pulse was 150, small, and feeble; respirations 38 to



the minute. There was a well-marked sulcus at the base of the sternum, from an absence of the usual atmospheric counterpoise. Auscultation yielded nothing of interest. It was apparent that, without the most active medicinal interference, the child would soon die. I at once ordered powders of the yellow sulphate of mercury, each to contain three grains, one to be given every two hours, together with small doses of the tincture of aconite-root every half hour. I then fashioned a covering out of a sheet which should entirely shut in the baby and cradle. The steam-atomizer was charged with lime water, which evaporation was kept up during the entire night. The tea kettle upon the stove was also kept filled with the same liquid. Twice the child ejected strips of membrane of considerable length. The inhalation of the lime steam seemed to afford the greatest relief, and after vomiting, occasioned by the mercurial salt, the voice would clear up and the breathing become easier. The symptoms were met and battled with during the entire night, and the child seemed to grow better. On Monday morning it was bright, and its breathing was less labored. As the day advanced all the symptoms became aggravated, and in the afternoon she became so alarmingly ill that I injected the one-sixtieth of a grain of the sulphate of atropia over the course of the pneumogastric. The effect was immediate and interesting. The breathing became deeper and less labored, and with a tremendous effort, during which it seemed as if the baby would suffocate, a perfect cast of pseudo-membrane was thrown off. The lime water inhalation was kept up during the whole of Monday night, and the aconite with citrate of potash administered at regular intervals. The child began to mend from this time, and at the present writing is on the road of recovery.

Professor Fordyce Barker is very strong in his encomiums of turpeth mineral in the treatment of croup, and states that there are few cases which will not yield to this treatment when followed up with *veratrum viride*. The fatality of this disease may logically be attributed to the fact that, when the physician is called in, the disease has already made great progress, and to the tendency among many practitioners to avoid heroic treatment, and to depend more upon nature and less upon active therapeutics; and for this cause it is that tracheotomy has become an opprobrium of medicine. It is

not in itself an especially difficult or dangerous operation, and the mortality following its practice is due to a weakened state of the system, since the surgeon is never called in until the last moment, when nature is beyond the power of recuperation. If there be one disease above all others which requires immediate and energetic interference, it is croup, and much of the terror that surrounds it would be avoided and the distressing fatality greatly lessened, if parents would send for the proper advice upon its first manifestation, and if the physician would at once and boldly adopt a vigorous and aggressive attack.

Some time ago my attention was called to the use of subcutaneous injection of atropia in the treatment of croup, by a translation in the *Record*, from a foreign journal. Its use seemed based upon such sound physiology that I determined to try it upon the first opportunity. The initial dose should be a full one, so that atropinism is reached at once. With the advance of scientific medicine, unconquerable diseases are yielding to the master-hand, and even so formidable a malady, as this one has become stripped of much of its terror and power. It is of the first importance to recognize the disease at once, and, having diagnosed it, to begin at once with an alum or turpeth emetic, and follow it up with aconite or veratrum viride. The emetic should be frequently administered, and the lime-spray should be uninterrupted as a last resort, if atropia should fail; or if, for some reason, the physician should be disinclined to make use of it, good results and permanent might be obtained from the inhalation of pure oxygen. Indeed, I am inclined to believe that this is a powerful addition to our formulæ, and that from its more extended use we may expect the most flattering results.

1502 Fourteenth Street, January 15, 1881.

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**Codeia in Dysmenorrhœa.**—By F. W. OLIVER, M. D., RAHWAY, N. J.

Perhaps a brief review of a few cases in which I have found this hitherto neglected alkaloid of opium to have a most happy and beneficial effect would not be uninteresting to some of your readers. The expensiveness of the drug in the past has been to a great degree the cause of its very limited use. I was led to try it in the first instance, through the utter impossibility of my patient tolerating opium or morphia, and upon reading the flattering report of Dr.

Aran, of Paris, in *American Journal of Medical Sciences*, in which he extols its efficacy in relieving pain and inducing sleep, without producing the usual unpleasant concomitants which attend upon dosing with opium and morphia, in disorders of the stomach, constipation, etc. I must say the flattering testimony of Dr. Aran has been fully realized by myself in the cases to which I refer.

Case 1.—I was consulted by the mother of a young lady of eighteen years, who, she stated, had suffered with painful menstruation for the past two years. The pain was so great that she neither got rest nor sleep during her periods. After putting her under a general medical treatment, I ordered opium to relieve the pain, but it disagreed with her sensitive stomach. Morphia was no better, although I used it hypodermically. It was then I decided on codeia, in one-fourth of a grain doses, and had the pleasure of seeing my patient perfectly relieved. Her pain disappeared, and a calm sleep was induced. From this happy result I decided to try it in another case, where morphia had played a prominent role and had failed.

Case 2.—A lady, thirty-five years, unmarried, was subject to dysmenorrhœa to such an extent that she had to keep to her bed during four days of her catamenia. I ordered codeia, in one-fourth grain doses, morning and evening, with prompt relief.

Case 3.—Married lady, forty years old, complained of distressing pain during her catamenia. About two years ago she aborted at fourth month, and had suffered to greater or less extent, ever since, at her regular returns. Physical examination showed an ulcerated os and an anteфлекed womb. While treating the last two affections I administered codeia to relieve her pains, with the same unfailing and pleasant result. Encouraged by these experiences I prescribed it in a case of mania-a-potu, and in twenty minutes my patient was calmed, and upon the repetition of the dose he fell asleep.

Again, in a case of great nervous exhaustion, in a gentleman who had to take twenty grains of hydrate of chloral, with one drachm of bromide of potassium, in order to obtain an hour's sleep, I ordered one-fourth of a grain of codeia, to be repeated in twenty minutes, and for the first time in two months that gentleman enjoyed four hours of unbroken sleep. I have used it also in the distressing headache that accompanies malarial fever, and always with the most flattering results.—[*Cincinnati Medical News*.

## EDITORIAL.

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**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

For terms of advertising, address GEO. O. FITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### Cerebro-Spinal Meningitis.

This disease still prevails in St. Louis, and we hear of cases in other districts.

In the cases we have seen the nerve centres have been exceedingly impressive, the exaggeration of sensation amounting to a serious lesion. What really causes this condition is not known. The disease is not really an ordinary idiopathic inflammation of the brain cord or meninges, but the peculiar constitutional vice, whatever it may be, seems competent to wonderfully increase the sensibility, and quicken the impressibility of brain and cord, frequently resulting in more or less congestion, and, in some cases, effusion.

To be successful in the treatment of this disease, the patient should be seen early in the first stages, when we can frequently cut the disease short at once. Of course, we may fail to suddenly arrest the disease in some cases, but we can control it, and protect our patient, while nature has time to throw off the constitutional vice upon which the local manifestations depend.

The main object, in the beginning, is to lessen sensory excitation. This is most certainly and promptly accomplished by the use of chloral hydrate and bromide of potassium. Fifteen to thirty grains

of each may be given at a single dose, in cases of adults, where the excitement is great, resulting in pain, tetanic muscular contractions, delirium, etc. The object is to put the patient under the influence of these drugs as speedily as possible, and when once under their influence, the doses should be repeated only when necessary to keep up their influence.

Bromidia is a happy combination for these cases; one teaspoonful with a little water, repeated every half-hour, till two or three doses are taken, and at greater intervals afterward, will meet the indications exactly. The same may be used for children, only the doses should be smaller, remembering that each drachm of bromidia contains fifteen grains each of chloral hydrate and bromide of potassium, besides a little hyoscyamus and cannabis indica.

Where the disease has progressed some time, and the extremities become cold, hot mustard baths, and atropine hypodermically are the main resorts. The atropine might be administered by the mouth, but the results are not so good.

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#### **The National Eclectic Medical Association.**

Let everybody remember that the eleventh annual meeting of this association will be held in St. Louis this year, commencing on Wednesday, June 15th. Headquarters at the Lindell Hotel, Sixth and Washington avenue, where every provision has been made for officers and members at \$2.50 per day, including spacious hall for all the deliberations of the meeting, and private chambers for committee meetings, etc. The convention will remain in session three days, and it is expected that the attendance will be the largest in the history of the association.

The arrangements thus far promise convenience and comfort, equal if not superior to any previous meeting, and all at less expense to the association, everything being done in the hotel building without extra charge for meeting rooms.

It is further suggested that this is to be a *business* meeting—not one of mere amusement—and what has been done, or whatever may be done, has been and shall be done with a view to giving ample facilities for the legitimate work of the association. Admission free to all, and we hope the attendance will be full. In our

June issue, which will reach the readers by June 1st, we will give further details regarding railroad fare, etc., as we receive the information from the officers whose duties are to look after these things.

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### **College Jealousies and Dead Weights.**

Such things should not be. But so they are, and being so, many hard and injudicious things are said. On the one hand a feeble and struggling institution is unduly lauded, while on the other hand, the old and established institutions are slandered. This is all wrong. Let us support each other in well doing. But especially is it in bad taste for any medical journal to offer a single criticism, while it heralds the name of Edward N. Fishblatt, unprofessional and tabooed, as he is known to be by the leading men in the eclectic ranks. When shall we be clear of such dead weights?

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### **Elected to Responsible Positions.**

At the city election, the first of this month, Wm. L. Ewing was elected mayor of St. Louis; Jacob S. Merrell, city treasurer; N. C. Hudson, city collector, and Wm. V. Rutledge to the House of Delegates.

It should be remembered that Jacob S. Merrell is the president of our American Medical College; N. C. Hudson, vice-president; W. V. Rutledge, one of the professors; and Wm. L. Ewing the friend of everybody. Pretty good for the American Medical College. Our political status was as good as the best before, and all this will detract nothing.

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## **MISCELLANEOUS PARAGRAPHS.**

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**Treatment of Ringworm**—By Malcom Morris, F. K. C. S., Edin., Joint Lecturer on Dermatology, St. Mary's Hospital Medical School.—*Lancet*, Feb. 12.

The disease is an eczema produced by a local cause, which cause it must be our business to remove. In doing this, however, we must not aggravate the eczema, but on the contrary endeavor to cure it at

the same time. The essence of the disease is the destruction or the removal of the fungus, for until that is done the disease cannot get well. If the disease be seated on a non-hairy part of the scalp, (whether it be acute or chronic) it is quickly cured by well rubbing into the patch of epidermis, (in whose layers the fungus grows) one of the remedies, as parasiticides.

But when a hairy part, as the scalp, is affected, except in some recent cases, it is an exceedingly difficult thing to cure a ringworm. Epilation, except when a limited number of hairs are affected, and in an early acute case, is useless. Carbolic acid is the best of the parasiticides, but when used of sufficient strength to be effective it is a severe local irritant, besides involving the risk of constitutional poisoning. Many old standing cases of ringworm are the result of over treatment. What we want is an agent that will destroy the fungus without producing any inflammation. Thymol meets this indication, being more efficient than carbolic acid, and at the same time involving no risk of constitutional poisoning.

Chloroform is rapidly absorbed by the skin, the larger proportion being in all probability taken up by the hair follicles and sebaceous glands. Hence, it is indispensable as a vehicle, carrying the antiseptic to the part of the hair follicle where the fungus grows, which is far beyond the reach of ordinary remedies. The following is the author's formula:

**R.** Thymol,  $\frac{3}{4}$  ss; Chloroform, 3 ij; Olive Oil, 3 vj. M.

The oil is added to arrest the evaporation of the chloroform and to prevent it from acting as an irritant. This strength is suitable except in very young children with tender skin, or where the disease has assumed the pustular form. The author states that the disease (whether acute or chronic) is more quickly cured by this remedy than by any other method he has seen or tried, and it has the additional advantage of not destroying the hair sacs, and consequently does not leave the unsightly bald patch, which undoubtedly results from the heroic treatment.

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**Chloral Hydrate in Parturition.**—By MARY WHITNEY, M. D., of Rochester, Minn., in *Pac. Med. and Surg. Journal*.

I would like to call attention to the use of chloral hydrate, combined with bromide of potassium, in the tedious labors of primi-

paræ. Frequently on digital examination the os uteri will be found thickened, partially everted and rigid, and dilatation small. This condition may continue for hours, cerebral excitement and exhaustion supervening. My method is to evacuate the bowels, if they have not been recently moved, and administer per rectum 15 grains each of choral and bromide of potassium in solution. In less than twenty minutes the patient will doze, and the pains become heavier and longer. In a word, the spasmodic condition of the spincters is relaxed; the os dilates and the previously retarded labor progresses to a rapid and safe termination, precluding all necessity for instrumental or other interference. Very rarely more than one dose of the remedy is required, but if a second is needed, it is better given within a half hour of the first. Never but once was it expedient to administer the third dose, and that was in a case of breech presentation, with detained head—in primiparæ; both mother and child doing well.

With inertia of uteras, combined with rigidity or spasmodic stricture of os, after the dilation is established and pains are inefficient, I add to the former enema half a teaspoonful of Squibb's fld. ext. of ergot; always administering it in as little fluid as can be contained in one bulb of Davidson's syringe, or a separate bulb with tube attached.

The same medicine is valuable as a local application, in office practice, to cases of dysmenorrhea of a congestive or neuralgic character, and also in amenorrhea caused by partial closure of the cervix uteri. In the latter cases, cotton, saturated with the same amount as given, is applied through a speculum; being retained in position by a second piece of dry cotton, and to which a thread is attached for removal.

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#### **Uterine Fibroid Cured by Ergot and Muriate of Ammonia —By A.**

H. PRATT, M. D., of Oakland, Cal., in *Pac. Med. and Surg. Jour.*

I notice in your last issue an item calling attention to the radical cure of a uterine fibroid by the use of ergot. By it I am reminded of a case coming under my charge. Practicing in Dixon, during the spring of '77, I was called to see a widow lady, aged about forty. She was suffering from excessive uterine hemorrhage, with con-



siderable pain; had been troubled in like manner at various times for about a year. On examination, I found a hard body behind and below the pubes, and pushing the superior vaginal wall well down upon the perineal region. The effort made to pass the finger caused so much pain that I refrained after but a mild attempt. In this I was also influenced by the blood flow. The tumor seemed as large as an orange of medium size. It was quite firm and resistant, and not easily movable. To the finger it seemed directly beneath the vaginal mucous membrane. The lady was then told the result of the examination, and also that a thorough exploration was not then appropriate.

When her immediate troubles were relieved, she went to Sacramento to Dr. Snider, I think, who diagnosed a fibroid tumor. On her return, placing herself under my care, I put her upon ergot fld. ext. and ammon. mur., one drachm of the former and ten grains of the latter, three times a day. This treatment she was told to continue for six months, and it was all the treatment she received. During that time I left the state, and was gone a year. On my return she informed me that she had faithfully taken the medicine for six months, slowly getting better. Nothing had been taken for the past six months. On examination, I could find no trace of the tumor. Her hemorrhages were by no means what they had formerly been, and were then attributed by me to the change of life through which she was passing without much difficulty.

In the statement of the case I have simply related facts and results. A *propter hoc* is not affirmed, neither is a *post hoc* admitted. But, should occasion present I shall certainly try the effect of the same remedies.

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**A New Departure in the Treatment of Purulent Ophthalmia** is described in the *American Practitioner* by its London correspondent.

It consists in the application to the entire conjunctival surface of an ointment of one grain of the nitric oxide of mercury, one-fifth of a grain of sulphate of atropia, and one drachm of vassaline. When the ointment is applied, the patient lies down, and, if restless, is put under the influence of an anæsthetic (chloroform is used, but nitrous oxide will answer better). Next, the eye being well cleansed

from discharge with tepid water, with a large camel's-hair brush, the ointment is freely pushed beneath the upper and then the lower eyelid, so as to touch the entire surface of the conjunctiva. As long as the eyelids are swollen this operation is repeated three times each day, but when the eyelids open freely, one application daily suffices until the cessation of the discharge. Mr. Bader, author of this treatment, says that it has had the best results, both in children and adults. It is especially successful when adopted at the outset of the disease.

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### Explosive Medical Compounds.

The medical and pharmaceutical journals have recorded a number of cases of explosions having taken place by the admixture of explosive substances. Among the prescriptions having given rise to such accidents we will mention the following: 1st. Mixture of hypophosphite of lime, 50 centigrammes; chlorate of potash, 3 grammes 75 centigrammes; lactate of iron, 30 centigrammes. 2d. Solution of glycerine, 8 grammes, in acid chromic, 4 grammes. 3d. Mixture of chlorate of potash, tr. ferri perchlorid. and glycerine has exploded in the pocket of a patient. 4th. Chlorate of potash mixed with catechu and used as a dentifrice, may explode in the mouth of the patient provided hard friction is used. 5th. Pills of oxide of silver (frequently used in England in affections of the stomach) have exploded in the patient's pocket. Pills of permanganate of potash and ferri reduct., pills of golden sulphur of antimony and chlorate of soda, may explode during or after their preparation. It is, therefore, essential to avoid associating glycerine, and, in general, substances easily reduced, with such oxidizing agents as chromic acid, chlorates, permanganates, and certain organic agents.—*Bull. gen de therapeut.*

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### Gonorrhœa Specific.

In reply to Dr. F. M. Moore for a "Gonorrhœa Specific" I will state that the following treatment has given uniform good results in a large number of cases. In the inflammatory stage I direct:

℞ sodii et pot. tart., ʒ iv.; potassii acetatis, grs. xv.; M. ft. pulv.

To be taken in a tumbler of water immediately and repeated if the bowels do not move freely in 12 hours.

Then I direct the patient to insert in the urethra, mornings and nights, one of the following suppositories (which should be made as thick as lunar caustic pencils and one and one-half to two inches long):

℞ plumbi acetatis, 3 j.; ext. balladonnæ, grs. x.; oil theobromæ, 3 j.; M. ft. mass. et div. in suppositories No. 10.

I order one-third grain morphinæ sul. to be taken at bedtime.

This treatment will have equally good results in the non-inflammatory stage.

In continued discharge after the inflammatory stage has ceased (gleet) I add to the above treatment, not giving the morphia sulphate at bedtime, the following:

℞ potassii iodidi, 3 j.; potassii bromidi, 3 iij; potassii acetatis, 3 jss.; syr. aurantii cort., 3 j.; aquæ, q. s. ad., 3 iij.; M. ft. sol.

Si.—Take teaspoonful every four hours if not sleeping.

This treatment has proven in my hands as near a "specific" as I wish for. Secondary complications such as orchitis, gonorrhoeal rheumatism, etc., require special treatment, but in uncomplicated cases this has given me the most satisfactory results.

L. A. WOHLFARTH, M. D., in *Therapeutic Gaz.*

Rosedale, Kansas.

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### Pitting of Small Pox.

Dr. Schwimmer advises a mask to be formed of very pliable linen cloth, leaving apertures for the eyes, nose, and mouth. The inside of this is to be smeared with one of the following liniments: 1. Carbolic acid, four to ten, olive oil, forty, and prepared chalk, sixty parts. 2. Carbolic acid, five, olive oil and pure starch, of each, forty parts. 3. Tymol, two, linseed oil, forty, and chalk in powder sixty parts. The mask should be renewed every twelve hours. Compresses impregnated with one of these mixtures may also be placed on the hands, and on any part of the face with which the mask does not come into exact contact.—*Gaz. des Hôpitaux.*

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### Salicylic Acid for Bee Sting.

An Austrian paper recommends the following treatment: First remove the sting as quickly as possible with a forceps or by scratching with the finger, but never with the thumb and forefinger, be-

cause this squeezes more of the poison into the wound. Next squeeze the wound until a drop of blood comes out, and rub the place as large as a dollar with an aqueous or dilute alcoholic solution of salicylic acid. The effect is still better by injecting the salicylic acid into the wound with the hypodermic syringe. After this the spot is painted with collodion to keep out the air. A sting treated thus causes little or no pain, slight inflammation and swelling, and is not followed by nettle-fever or lameness in the most sensitive and nervous individuals.—*Druggists' Circular*.

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#### **Hydrargyri Sulphas Flava.**—Turpeth Mineral.

Prof. Fordyce Barker, of New York recommends turpeth mineral above all others in croup. He has treated thousands of cases with this remedy without a single failure. His prescription is: **B.** Turpeth mineral xxiv grs., powders xii, dose one powder every fifteen minutes until it vomits. They are good croup powders to keep in a house with aconite, spongia, hepar sulph. As old women must have the child to vomit. They are pleasant, have hardly any taste. They save a doctor from getting up at night, he can always send them to a croup case with confidence, they will please the parents by vomiting the child. Then comes in aconite, spongia hep. sulph., to finish the cure.—*American Observer*.

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#### **The Treatment of Tetanus.**

Dr. Ria (*Giornale internaz. delle scienze med.*, 1880, p. 7) believes that tetanus consists essentially of an exaggerated reflex irritability of the spinal cord, which may be indifferently caused by traumas, toxic influences, or so-called rheumatic action. Since the motor tracts of the cord respond in a morbidly exaggerated manner to all sensitive impressions, the main object of treatment will have to be to lessen sensory excitation; for, if this be accomplished, the cord will gain rest, and thus a return to its normal condition will be made possible. Ria, therefore, emphasizes strict isolation of the patients. They are to be separated from their friends, and to be kept from all possibility of sensory impressions. Even the physician or attendant should exercise great care in his intercourse with the patient, lest the latter be disturbed.

Four cases have been successfully treated by the author. In addition to complete and prolonged isolation, several drugs were employed. Thus, in the first case, in which tetanus developed after an amputation of the thigh, chloroform was applied externally by the use of the atomizer. Nearly three ounces were used daily. A gentle sleep was also maintained by the exhibition of chloral hydrate and morphine. The cure was complete in two weeks. In the second case, that of a youth twenty years old, the same plan of treatment was adopted. But one-sixtieth of a grain of atropine was given in conjunction with the chloral hydrate. A cure took place in twenty days. In the third and fourth cases the external use of chloroform was not enforced, and the last case was treated by bromide of potassium and isolation. This one recovered after forty days.—*Medic.-chir. Rundschau*, Jan. 1881.

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#### **Abdominal Faradization in Ascites.**

A case is reported by Popow (*Vratsch*, 22, 1880) in which a course of abdominal faradization was followed by the disappearance of persistent anasarca and ascites. The patient was sixty-three years of age, and had for many years been a sufferer from malaria. On admission to the hospital he had considerable œdema of the feet and legs, and oppressive ascites. Jaborandi and Fowler's solution were given, and slight improvement noticed. The induced current was then daily applied over the abdomen and the region of the spleen. The urinary secretion was found to become much more abundant, and, as soon as faradization was discontinued, again grew less. Albumen, after a while, ceased to appear in the urine, the patient's general health improved, his abdomen became flat, and he was soon discharged cured. The spleen, however, remained large.—*Medic.-chir. Rundschau*, Jan. 1881.

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#### **For After-Pains.**

The following formula has been found to answer the purpose remarkably well in a large number of cases: *R.* Sulph. Morrhizæ, gr. i.; bromide potass., pulv. camphor, caulophyllin, *aa* grs. viij. *M.* Sig. Make eight powders and give one powder every hour or two until relieved.—*Med. Summary*.

**To Terminate the Chloroform Narcosis.**

A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.—*Chicago Medical Review*.

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**Jaundice.**

Dr. Anstie resorts to ammonii chloridum, in twenty-grain doses, to restore the biliary secretions, when suppressed by a powerful nervous shock or mental perturbation. In his opinion it is one of the most reliable and powerful of all biliary functional restoratives.

Ether has been recommended as an internal remedy in jaundice depending on the presence of gall stones, chiefly from its power to dissolve cholesterine and its anti-spasmodic properties. The following formula is much used in severe cases of jaundice: *R.* Magnesii sulphatis, 3 ssj; magnesii carbonatis, gr. xv; spts. ammonii aromat, *m* xxx; aquæ, 3 x. Make a drink. Take thrice daily.

And the following is used in the Middlesex Hospital, London: *R.* Pilulæ hydrargyri, gr. xxx; digitalis pulveris; scillæ pulveris, *aa* gr. v. *M.* Divide into ten pills. One night and morning, in icterus, to eliminate the coloring matter of the bile from the blood.

Benzoicum acidum has recently achieved a reputation as a valuable remedy in jaundice due to suppression of the biliary secretions.—*Med. Summary*, Dec.

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**Colorless Iodine.**

The use of iodine is oftentimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colorless without destroying its therapeutic properties.—*Medical Summary*.

**Cerebral Symptoms After Ingestion of Salicylic Acid.**

Apolant, of Berlin, reports (*Berliner klinische Wochenschrift*, No. 6, 1881,) a case where a man who had been taking ninety grains of salicylate of soda, daily, for a week, for acute articular rheumatism, suddenly developed hallucinations of sight with delusions based on these, all of which disappeared soon after the discontinuance of the salicylate. These phenomena are becoming rather frequent after the use of this drug, several cases having already been reported in England. Apolant refers all these phenomena to cerebral hyperæmia, but they strongly resemble the hallucinations and delusions produced by many toxic substances.—*Chicago Medical Review*.

**Chorea.**

B. Zinci valerianat., ʒ ij; cinchonæ sulphat., ʒ j. M. Ft. pel. Np. XX. Sig. One pill thrice daily.—DR. DA COSTA.

B. Zinci bromidi, ʒ j; syr. simplicis, ʒ. Sig. Ten drops three times a day; increased as rapidly as the stomach can bear it.—DR. WM. A. HAMMOND.

With the disappearance of the chronic symptoms the dose should be gradually diminished.

Dr. Hammond also employs the following prescription, which he considers highly efficient: B. Strychniæ sulph., gr. ij; aquæ, ʒ j. Sig. Five drops three times a day to a child from 10 to 15 years old.—DR. WM. A. HAMMOND.—*Med. Gazette*, Jan. 15.

**Nervine and Anti-Spasmodic.**

A favorite prescription in the Hospital of Chest Diseases, London, is the following, useful in epilepsy, chorea, dysmenorrhea, hysteria, and like nervous conditions: R. Potassi bromidi, gr. x; tinct. conii., gtt. xxx; tinct. val. ammon., gtt. xx; aquæ camph., ʒj.—*Med. Summary*, Jan.

**Anodyne Liniment.**

A valuable anodyne liniment. B. Chloroformi, tr. aconit., aa ʒi; tr. sapo. comp., ʒii. M. S.—Use externally.

This makes a neat preparation, and is most serviceable in arthritic rheumatism, intercostal or temporal neuralgic pains, etc.—*So. Practitioner*, Feb.

**Idiopathic Epilepsy.**

R. Potassii iodii; potassii bromidi, *aa* ʒ j; ammon. bromidi, ʒ ss; potassii bicarbonat ʒ ij; infus. columbæ, ʒ vj. Sig. A teaspoonful before each of the three meals, and three tablespoonfuls at bed-time, with a little water.—BROWN-SEQUARD, M. D.

When the patient's pulse is weak, substitute for the bicarbonate of potassium in the above formula, the carbonate of ammonium, and for the six ounces of infusion of columbo an ounce and a half of the tincture of that medicine with four ounces and a half of distilled water.—*Med. Gazette*, Jan. 15.

**Tinea Capitis.**

In answer to the request of Dr. S. H. B., of Texas, about the experience of others in the treatment of tinea circinata, I beg leave to offer him the following treatment, which has been invariably followed with success:

R. argent. nitratis, pulv., ʒ j.; hyd. oxid. rub., ʒ ij.; plumb. iodid., ʒ j.; Cerati; vaselinæ, *aa*, ʒ ij.; M. ft. ung. Sig.—Rub a piece the size of a bean well into the diseased surface until it disappears; repeat night and morning.

Three or four applications have frequently proved sufficient.—JOHN F. O'CALLAGHAN, M. D., in *Med. and Surg. Reporter*.

**Laryngismus Stridulus—Chloral.**

William Stuart (*Lancet*), Surgeon to Beckett Hospital and Dispensary, says that he has had great success in the treatment of this disease with chloral. To children 6 mos. old he gives 2 grains three times a day; 12 mos.  $2\frac{1}{2}$  gr. t. i. d.; 2 years, 3 gr. t. i. d. He has never had any ill effects from its use. Dr. J. W. Hickman, of Delta, Penn., has also used it with success.

Dr. John Barclay has used it in true croup with success in one case, and advises its use in others.—*Chicago Med. Rev.* Jan. 20.

**Choloform Cough Mixture.**

R. Morphia acet., gr. iij; tr. belladonna, ʒ ij; spts. chloroform, ʒ vj; syr. senegæ, ʒ j; syr. pruni. virg., ʒ iv. M. Dose, teaspoonful three times a day.—*Southern Med. Record*, Dec.



**Nervous Cough.**

R. Acid. hydrocyan, dil., ʒ i; sanguinaræ, ʒ iv; syr. senegæ, ʒ ss; syr. tolutan, ʒ ij; aquæ lauro-cerasi, ʒ vij. M: Sig.—One or two teaspoonfuls, according to age, every three or four hours.—DR. BARTHOLOW.

This formula is most successful in treating the cases of cough by habit after the cessation of the whooping cough proper. It is also very useful in allaying the nervous cough of mothers which exists during the presence of cough in the household.—*Med. Gaz.*, Jan. 29.

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**Chronic Dysentery.**—N. OTIS, M. D., Harlan, Kan., writes:

I have used the following in chronic dysentery with good results. For an adult: R. Ol. ricini, 2 drachms; ext. rhei. fld., ½ drachm; ess. cinnamon, 10 drops. M. Sig. Twice a day for two or three days. At the same time give, after the operation of the above, a powder consisting of: R. Zinci oxidi, 15 grains; sod. bicarb., 2 ¼ grains. M. Sig. Every three hours until cured. Drink no cold water. Eat no pork. Scald milk, toast and vegetables are good.—*Med. Brief*, Feb.

**Ergot in Diabetes Mellitus.**

The *Revue Medicale* reports that favorable results have been obtained in diabetes by the administration of ergot in progressive doses, beginning with 4 gr. of the fluid extract, and increasing the dose until there were disagreeable effects produced on circulation. It seemed almost specific in its influence. The urine was greatly diminished in quantity. The sugar disappeared from it, and the general condition of the patient was greatly ameliorated.—*Med. Gaz.*, Dec. 25.

**Uhræmia.**

R. Acid. benzoici, gr. xx; syrupi tolutani, ʒ j. Sig. To be given every third hour, largely diluted with water.—DR. DA COSTA.

Benzoic acid has the effect of preventing the accumulation of the urinary salts in the blood, and thus exercising a favorable influence over the course of the disease. Dr. Da Costa advises also warm bathing (and if patient is very weak a vapor bath may be given him in bed by means of hot bricks wrapped in wet towels) and an efficient purge.—*Med. Gaz.*, Dec. 25.

**Acute Catarrh.**

R. Tinct. iodinii.,  $\mathfrak{z}$  ss.; acid carbol.,  $\mathfrak{z}$  j. M. Sig. Place a small, wide-mouthed bottle, containing a moistened sponge, in a vessel of hot water; drop five to ten drops of the solution on the sponge, and as the iodine vapor ascends with the vapor of the water, inhale it.—BARTHOLOW, in *Med. Summary*.

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**Typhoid Fever—Brain Symptoms.**

The treatment of brain symptoms in typhoid fever adopted by Dr. G. P. Atkinson (*British Med. Journal*) is to apply a blister to the epigastrium. This he has found almost always to quiet the delirium and relieve the patient.—*Maryland Med. Jour.*, Dec. 15.

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**Batley's Solution for Eczema.**

R. iodini cryst.,  $\mathfrak{z}$   $\frac{1}{2}$ ; acid. carbol. cryst.,  $\mathfrak{z}$  i. Combine the two by gentle heat.

Dr. Bellamy, of Wilmington, N. C., in the *North Carolina Medical Journal*, December, that the above formula has given him more satisfaction in the management of those intractable forms of skin disease characterized by intolerable itching, and more particularly in eczema marginatum, than any other parasiticide.—[*Drug. Cir.*, Jan.

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**Ointment for Itch.**

Balsam of Peru,  $\mathfrak{z}$  i.; benzoic acid, 110 grains; oil of cloves, 40 drops; alcohol,  $2\frac{1}{2}$  drachms; simple cerate,  $\mathfrak{z}$  vii. Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—[*Can. Med. Rec.*, Dec.

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**Removal of Freckles.**

The following formula is said to be efficacious for the removal of tan and freckles: R. hyd. bichlor, grs. vj.; acid. mur. dil.,  $\mathfrak{z}$  j.; aquæ,  $\mathfrak{z}$  jv.; alcohol,  $\mathfrak{z}$  ij.; aq. rosæ,  $\mathfrak{z}$  ij.; glycerine,  $\mathfrak{z}$  j.

M. Apply at night and wash off with soap in the morning.—*Canada Lancet*.

**Treatment of Barber's Itch.**

Brame recommends the following treatment : Shave off the hairs, or cut them very short ; then apply, once or twice a week, an ointment composed of :  $\mathcal{B}$  prepared chalk, 10 parts ; coal tar, 1 to 4 parts ; glycerine, 5 parts ; simple cerate, 50 parts.—[*Drug Circ.*, Jan.

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**Preparatory Pains in Parturition—Jamaica Dogwood..**

We have found the fluid extract of Jamaica dogwood (*piscidia erythrina*) an excellent substitute for either opium or chloral in controlling the nervous irritability dependent upon the preliminary contractions of the uterus in labor. It should be given in twenty to thirty drop doses, repeated hourly.—[*Chicago Med. Rev.*, Dec. 5.

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**Edison's Polyform.**

The following is said by an excellent authority to be the formula of Edison's Electric Liniment :

Hydrate of chloral, 1 ounce ; alcohol, 4 ounces ; chloroform, 2 ounces ; camphor, 2 ounces ; oil of peppermint, 2 minims ; oil of cloves, 2 minims ; salicylic acid, 72 grains ; nitrite of amyl, 72 grains ; morphia, 48 grains. Mix. For external use.—*Drug Circular*.

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**Apnoea.**

Dr. Bartholow, *Chicago Medical Review*, states, in his Cartwright lectures, that in conditions of exhaustion of the respiratory functions from any cause, strychnia and atropia are the stimulants to be employed, and in pneumonia attended with labored respiration and exhaustion, they may be employed with decided benefit.

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**Goitre—Chloride Ammonium.**

Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman, aged forty. The dose given was ten grains three times a day, the tumors disappearing at the end of three months.—*Amer. Pract.*

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**Art. XXX.—Pelvic Peritonitis.—Pelvic Cellulitis.\*—By P. D. YOST, M. D., ST. LOUIS.**

Case 1. About two years ago I was called, in consultation with Dr. Richardson, of Clarksville, to see Mrs. H., residing near that place, who had been sick and confined to her bed for nearly eight months. The diagnosis, as given, was "*abscesses of the pelvis.*" She was much emaciated and anemic, and unable to straighten her lower limbs or stand upon them. There had been a profuse discharge of pus from the vagina, which still continued, but much diminished. There was considerable induration about the uterus, but the uterus itself seemed perfectly healthy. I learned that a miscarriage had preceded the attack, that resulted in the formation of the abscesses, for, as the history showed, there had been two "risings" and two "breakings." The treatment in this case, as I now recall it—not having my notes of the case before me—consisted chiefly of a pill composed of: Cinchonidia, gr. i.; iron, gr. i., and strychnia, gr.  $\frac{1}{60}$  before meals, and half hour after meals a teaspoonful of the following:  $\mathcal{R}$ . Fluid ext. ser.  $\mathfrak{z}$  i.; potass. idod.  $\mathfrak{z}$  ij., syr. stillingia comp.  $\mathfrak{z}$  vij. M. The lower extremities, especially about the knee joints, to be rubbed thoroughly with vaseline in which a few drops of oil of stillingia had been rubbed. The patient to have a sun-bath every day when possible, by having her bed placed before a south window.

In a few days improvement began and in less than three

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\*Extracts from a paper submitted to State E. M. Society of Mo.

months the patient wrote me that she was stronger and larger than she had ever been.

Case 2. In Jan., 1879, I was asked to take charge of Mrs. K——, who had been sick for many long days, and had suffered many things of many doctors. The abscess had been opened by Dr. R—— some weeks before, but the case not progressing satisfactorily he was dismissed. This lady was in a terrible condition of discomfort, owing chiefly to the great irritation of the bladder and urethra, the urine having to be passed every few minutes, which caused the most excruciating pains. There were extensive deposits within the pelvis; the uterus and the other pelvic organs were fixed and as immovable as though set in plaster of Paris. Just as if the pelvis had been filled with a solution of plaster of Paris and then hardened—surrounding and holding all the organs *in situ*.

The history in this case was similar to the preceding one; there had been a miscarriage.

To relieve the urinary trouble, especially the ardor urinæ I ordered a suppository made of extract of opium, two grains; extract of belladonna, one grain; white wax and cocoa butter to make proper size, and to be passed into the vagina once or twice daily, or oftener if necessary. Also gave:  $\mathcal{R}$ . Fl. ext. hydrangea,  $\mathfrak{z}$  i; fl. ext. alnus ser.,  $\mathfrak{z}$  ss.; potass. brom.,  $\mathfrak{z}$  iv.; syr. stillingia comp.,  $\mathfrak{z}$  ivss. M. S. Large teaspoonful three or four times daily. Externally, over the lower part of the abdomen, I had applied two or three times daily, equal parts of tincture of phytolacca, and the "solution iodo-brom. calc. comp."

Some other agents were used in this case from time to time, as indicated, and the alterative treatment was changed several times. After six weeks treatment the patient was sent to the country almost well. She was, however, recommended to continue the tonic and alterative treatment, and in a month she returned, perfectly restored to health.

Case 3. Mrs. H., æt. 34, married, the mother of four children, the youngest ten days old, is taken with severe rigor, followed by high fever and other general symptoms of acute inflammation. The last labor had been somewhat protracted, and the forceps had to be used to effect delivery of the head. Yet she had a good "getting up" till now. She was sitting up and feeling well to-day when

taken with the chill. The special pain complained of is in the right inguinal region, deep seated and extending upward. The vagina is hot to the examining finger, and the vaginal pulse is very strong. By conjoined manipulation I discover tenderness and swelling on the right side of the pelvis, and anterior to the uterus.

On the second day the exudation was very marked, not only on the right side of the uterus, but all around it. The womb was sensitive to the touch, and enlarged so as to extend above the brim of the pelvis about two inches. The pain and extreme tenderness continued on the right side and just in front of the cervical portion of the uterus. The swelling could now be felt externally, just within the true pelvis, and while it was not connected with the body of the uterus, it did involve the lower or cervical portion. I began the use at once of aconite and gelsemium—one drop of the root tincture of the former and ten drops of the green root tincture of the later, every hour, in a little water. And these were the chief internal remedies for days, the dose being lessened and the time of administration lengthened, as the acute symptoms subsided. A vaginal suppository containing one grain of the extract of belladonna and one-fourth grain of sulphate of morphia was used two or three times daily; as needed to relieve the pain. Also ordered  $\mathbb{R}$  tr. aconite, tr. phytolacca, tr. iodine, tr. camphor, *aa*  $\frac{3}{4}$  j. M. S. Apply over lower part of abdomen every three or four hours.

For profuse "night sweats" that were present after a few days, I gave granules of sulphate of atropia  $\frac{1}{80}$  of a grain each, at bed time, or just before the expected sweat. These were to be repeated should the perspiration continue after two or three hours. Bisulphate of quinine in pill form during the remission of the fever; salicylate of soda and other specially indicated agents were given from day to day during the progress of the disease. The very best hygienic treatment was carried out in this case, no trouble or expense being spared. About the fifth week of the disease, very alarming symptoms of tuberculosis appeared, and as the mother of the patient had died of consumption, our fears were greatly aroused lest acute phthisis should help to carry our patient off. Cod liver oil, with the hypophosphites and maltoyerbine seemed to do much to assist in passing this crisis, and the patient made a slow but good recovery.

The points in this case of most interest were the extensive exuda-

tion, and the marked evidences of suppuration where no pus ever escaped, and, perhaps, never formed.

To a physician who has seen many cases of suppuration—especially when the pus is deep seated and in large quantities—there is a facial expression at once diagnostic of the condition. In addition to this marked expression of countenance, there were hectic fever, profuse perspiration—especially when the patient slept—pulse weaker and softer, yet frequent, patient very weak and a dull, throbbing pain in pelvis. I also thought I could detect fluctuation in the large tumor. Yet this is very difficult to do with one examining finger. So sure was I of this that I prepared for the operation of opening the abscess, but thought I would wait till the next day, and so I continued to wait from day to day. The urgent symptoms began to subside and I concluded to let nature have her way. The result was, the abscess did not break—for all the discharges were carefully watched—but began to go away, and in the course of a few weeks nearly all traces of the large tumor had disappeared. Although the lady is not very healthy, yet so far as I can discover, no evidences of the disease remain, except a slight tenderness where the inflammation was located.

Case 4.—Mrs. S. æt. 30, married, mother of one child, has had several miscarriages, the last but a few days ago; thought she was well and went “down town and took cold,” and then comes the severe chill and high fever; pulse 130 per minute; temperature  $104^{\circ}$ ; pain and swelling in right side of pelvis and extending up into iliac fossa. The tumor could be felt by digital examination per vagina and externally over powparts ligament.

As soon as the diagnosis was made I informed the husband of the nature of the disease, when the following questions were asked and answered:

“How long will my wife be sick?”

“Not less than six or seven weeks.”

“Why so long doctor?”

“Owing to the loose cellular structures involved, the inflammation runs a long course.”

“But can't you cure her sooner than the time named?”

“I will try, but I wished to inform you of the long and protracted nature of the disease thus early, that you may not be disappointed by the slow recovery.”

"Is this abscess of the pelvis and will it have to be lanced?"

"This is the first stage and may result in suppuration, but I will try to prevent it if possible. Should I fail to do so, then it may probably have to be opened with a trocar or aspirator. I will not be hasty in doing so as nature generally does this with less danger."

"Is the disease very dangerous to life?"

"The prognosis is favorable unless complications arise or suppuration takes place and the abscess discharges into the abdominal cavity; and this I am glad to say seldom occurs."

"Where will it discharge then?"

"Most likely into the rectum, vagina, bladder or through the abdominal walls."

This case was treated similarly to the preceding one. The pain being more severe, a hypodermic injection of morphine and atropia was given on two or three successive days. After this "bromidia" was administered to control the pain. The vaginal suppositories were also used, and, in addition to the liniment, fomentations of hops were applied to the lower part of the abdomen. The exudation was extensive, and, as in the other case, I feared suppuration, but it did not ensue. The case was carefully watched, and made a good recovery in about the time named.

I give these two cases to show that suppuration can be prevented in most instances if prompt treatment is adopted, and without leaching the cervix of the uterus or blistering the abdomen.

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**Art. XXXI.—Some Cases in Obstetric Practice.—By J. E. A. BALL, M. D.**

I was called December 12, 1880, to Ann D., colored, æt. about 35, mother of several children. General health good. Advanced to about the seventh month of pregnancy; said that she had not felt any movement of her child since the Monday previous, seven days. If it was dead she could not assign any cause for it. Had never aborted, and had not been able to get a midwife to her in time in any of her confinements. *A pain and a go off.* She had slight pains in her hips, back and abdomen; had an uneasy, restless feeling and sense of dead, heavy weight in her abdomen. On digital examina-



tion I found the os uteri firmly closed, and upon thorough examination diagnosed dead foetus. Gave caulophyllin and macrotin, aa, 8, three-grain doses, to be taken every two hours, and her bowels to be freely evacuated with ol. ricini and terebinth. Instructed her to send for me immediately if active labor should come on, and to let me hear from her in two or three days, anyhow.

I heard no more from her until January 6, twenty-five days. She said she had been up all the time since I saw her; had had slight pains all the time, and the weight in her abdomen continued to get heavier. An examination confirmed my first diagnosis. Os uteri dilated just sufficient to admit the tip of my finger.

Gave treatment similar to first and promised to be back the next day, if not sent for before.

Seventh, 3 p. m. Os uteri dilated to the size of a silver quarter dollar. Pains regular, at long intervals, and very light. I punctured the membrane, and an immense quantity of thick, yellow fluid passed off; pains very soon became more active. I leave her a few hours, return and find the pains very active. Os dilated to the size of a silver dollar, breech presenting; two hours later pains expulsive; make examination; one foot and one hand presenting with breech, child doubled forward with head on abdomen. There was ample pelvic capacity, and I introduced my hand and elevated the head, then brought down the other foot, when one or two pains expelled it to the neck; then the os contracted firmly around the neck of the foetus, and put a stop to proceedings. I waited a short time, and at every pain the mouth of the womb seemed to tighten around the child's neck. I introduced my hand and gently dilated the os, at the same time making gentle tension on the feet with my left hand, and the woman was delivered without further trouble. The child was well preserved to have been dead so long, thirty-one days. No offensive smell, though the cuticle peeled off from head to foot. The woman made a good recovery, was up and attending to her domestic affairs in a few days.

Case 2.—I was called to A. Croop, colored, primipara, on January 24, 1881, and learned from her mother that she had been in preparatory labor about six days, frequently retching and vomiting frothy matter, bowels constipated and abdominal muscles contracted very tight. I made vaginal examination, found os uteri slightly

dilated, with but very little, if any, uterine contraction. I gave a large dose of purgative medicine and waited to see the effect of its action, and in the mean time I learned that she had been eating dirt like a hog during the whole period of gestation. I then began to pour castor oil into her by the wholesale, stayed with her all night to see if I couldn't get her dirt lubricated, and also gave her an occasional dose of cicicifugin, canlophyllin, quinine, gelseminum, etc., to arouse the uterus to action and relax the os, but to no effect; the belly kept as tight as a drum head, but the uterus was perfectly inert.

Twenty-fifth, morning. Os dilating very slowly, no move of the bowels. I left to see another patient but gave instructions to keep the *dirt lubricated*. I thought of ordering injections but concluded that it would be best to start it from above.

Came back at 10 a. m. No evacuation from bowels yet. Auntie how is Ail's bowels now: "*Why doctor dey seem as if dey would bus if you scratch em wid a pin.*"

I continued to give lubricants and quinine in ten to fifteen grain doses. Heroic treatment? Yes, but I had a heroic case. She said her common bait of dirt was a chunk as big as her fist. Progressed slowly, until, about 8 p. m., I examined and found the os pretty well dilated, gave a few drops of fl. ext. ergot., which excited slight uterine contraction, little pain, would last about ten or fifteen seconds, when off she went into convulsions. I started a runner after my forceps, gave a drachm of chloroform by mouth, followed in a few minutes by a drachm fl. ext. ergot, and had her mother to make firm and steady pressure on the fundus uteri, when the child was literally squeezed out without a contraction sufficient to expel anything, for I am sure the longest pain that she had did not exceed fifteen seconds. Child medium size and pelvic and labial capacity sufficient for a fifteen pounder. Mother and child did well, except child troubled with obstinate constipation.

Case 3. Was called April 21st, at 7 p. m., to M. J., colored, multipara, æt. about 30, who stated that she awoke out of sleep at 4 o'clock a. m., 23d, in a pool of water, membranes having ruptured with no premonitory symptoms, slight pains soon came on, but at long intervals; she kept up all day, at night the pains became more active and she sent for an old negro midwife, who put her to bed

and proceeded to pour her full of tea of chenopodi (new remedy to me in case of threatened abortion), as she said, to arrest the labor, as they were sure that she had not passed her seventh month of gestation. I found the os uteri considerably dilated, child very low in pelvis, and pains regular, and water still *dribbling* away at the recurrence of each pain. This was her third case of abortion, and knowing that any effort to arrest labor at that stage would be futile, and as she had been kept in bed nearly twenty-four hours, I ordered her to get up and move around some (with the view of facilitating labor and giving her some rest), which she did with pleasure. When she was up labor advanced satisfactorily, but when she would become wearied and lie down, the child would recede into the abdomen. At one time it went back nearly out of reach, pains seemed to work backward, os would dilate when sitting or standing, but contract when laying down; continued thus until about twelve, m., when I gave her ten grs. quinine, with  $\frac{1}{4}$  gr. morphine. She slept about one hour and awoke with active pains. I had her to get up and move about again; the pains continue active until she becomes exhausted of strength; lie down and rest for an hour; no advance while on bed; take her up and make an examination in an erect position. Os fully dilated, I gave 20 drops fl. ext. ergot; had her supported in a standing position; two pains expel the child, secundines and all; child completely and tightly enveloped in sac, doubled into a perfect knot, placenta lying in front and extending from head to feet; membrane had not ruptured and was so thick and tough that I had to cut with scissors and peel it off. The child was a seven-months, and a very poorly nourished little skeleton of a specimen, with a head large enough for an ordinary size child at full period. It whined like a little sick kitten, breathed feebly for a few hours and perished.

I am fully satisfied that there was not and had never been a particle of fluid in the sac, and it fitted so closely to the child that I thought the placenta had grown firmly to it until a closer examination discovered my mistake.

The woman said that it had been the most restless and active child that she had ever carried. The woman had no further trouble. This woman, though unusually intelligent for one of her race, has always been subject to tedious labor, and (as before

stated) this was her third miscarriage, and I am fully of the opinion that had she been kept in a recumbent position, the labor would have been protracted.

When there is placental attachment or the cord is around the child's neck, labor is always retarded, and I never fail to advance it by putting the woman in an erect position, either on foot, supported under her arms, or on the lap of an assistant.

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**Art. XXXII.—*Actinomeris Helianthoides* (Gravel Weed)—By**

I. J. M. Goss, M. D.

This is a plant of the helianthus family. It is found in middle and upper Georgia, North Carolina and East Tennessee, and perhaps in many other places in the United States. My attention was called to it in an obscure old book called the Cherokee Physician, written by Dr. Jas. W. Mahoney, as dictated by a Cherokee doctor, viz.: Richard Foreman, both of East Tennessee. Dr. Jas. W. Mahoney refers to a pamphlet written by Dr. Turk, and published in 1843, in which Dr. Turk says: "I have never failed to cure gravel, of even long standing, with this root tinctured in alcohol." It grows on upland and bottoms, from five to eight feet high; has a bushy top, and many yellow blooms about the last of July, the blooms resembling the artichoke. The stalks are, in appearance, four square, but, when examined, are found to have four welt-like edges, which make the stalk appear square. The root is the part used, which is of various sizes, from the size of a goose quill to that of a child's finger, and, freshly dug, contains a thick oil; when dried looks like resin, and has a strong aromatic, rather terbinthinate odor. It is this oleo-resin that contains its medicinal properties. I called attention to it a year ago, but do not see where any one has tried it much. I am using it all the time in irritable bladder, strangury, calculous affections and kidney affections. I find it a very valuable diuretic, either in retention or suppression of the urine. Dr. Turk gives the case of a gentleman in North Carolina who had been afflicted for fifteen years with retention of urine, and he had to draw his water with a catheter most of the time. Turk says he cured him with a tincture of this root. I was called in council by a young physician in this city, to a child five or six

days old, that had never discharged any urine. The attending physician had tried tincture of apis, mel. dulc., spr. of nitre, parsley root (in tea), a tea of watermelon seed, pipsissawa, and several other diuretics, with the warm bath, but to no purpose. I at once prescribed the tincture of actinomeris helianthoides and polytricum juniperis, equal parts, which produced a free flow of urine in some three or four hours, and the child had no further trouble after that time. I have had several cases of irritable bladder from the passing of phosphatic sand, and I have relieved them with this article, alternated with carb. of lithia. I have recently had several cases of dropsy, in which ordinary diuretics did not act, until I added the tincture of actinomeris. I give it in a gin-tincture, in dropsy, in doses of one or two tablespoons full, every two or three hours. As a diuretic we have but few, if any, articles equal to this one, and as a curative remedy in calculous affections, there is no known remedy equal to it. It is doubtless aided by the preparations of lithia in the calculous diathesis. I thus call attention to this—one of our most direct remedies. Please try it and report.

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**Art. XXXIII. —Case of Difficult Labor Owing to Impacted Head.—**

Reported by G. W. N. ELDERS, M.D., Cedar Hill, Mo.

Was called to Mrs. C. November 4th, 1880; aged 28 years; primipara; found her suffering considerably from false pains; gave morphia sulph. and left, which soon quieted them. The pain again returning on the evening of the 6th, was again called; made an examination; found a vertex presentation. The left occipito iliac position, mouth womb dilated to about the size of a dollar and pains good and strong. Continued in attendance during night, labor making no further advancement than to well dilate mouth of womb; having to leave patient for a while, I again gave her a few doses of morphia to control pain until my return; saw her again in a few hours; morphia had given no ease, as she was still having strong pain, which she continued to have for the next twelve hours, as strong as I ever saw a woman have, without moving the head a particle; becoming alarmed at the condition of my patient, I consulted the husband in regard to what I should do. As the nearest physician lived six miles away, I was left to depend entirely on my

own judgment in the case. After explaining to the husband the condition his wife was in, and what was necessary to be done to save his wife, he told me to do as I thought best, and he would be perfectly satisfied. I at once sent to my office for instruments. Having made up my mind what the trouble was (impacted head in superior strait) I determined to save the mother, and if possible the child. I at once introduced the forceps with some little difficulty and locked them, then made traction on the head in the direction of the axis of inferior strait with all my power, during each pain. After several ineffectual attempts I began to feel the foetal head move, which, by the help of the forceps, we soon delivered a dead child. On examination of foetus we found the bones of left leg fractured about midway between knee and ankle, right ankle dislocated and other marks upon it, showing the dreadful pressure it had undergone. What was very strange, not a tablespoonful of liquor ammii was discharged after or during labor; nothing to protect child whilst in womb. The lady is a very muscular and strong woman; has made a good recovery with but little trouble. There was no deformity of pelvis, and only a lessening of the diameters of perhaps an inch, not more. The child would have weighed about five pounds. I only regret that I did not deliver her sooner; but in the country there is a general dread and fear of delivery by instruments, which often causes us to wait too long to save child, and often the mother is lost, too, by delay. There is not a particle of danger in careful hands to either mother or child, and life can often be saved which otherwise would be lost; and I agree with Prof. Maughs in their use, and would advise all practicing midwifery, especially in the country, to go prepared with forceps, and not to wait too long to use them, or for consultation. Hoping the foregoing may be of benefit to brother country practitioners, etc., is why I reported this case.

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#### **Cincho-Quinine.**

The season is approaching for antiperiodics. In fact, we are already using large quantities of bark, or preparations of it. Cincho-quinine, as put upon the market by Billing, Clapp & Co. (see fourth cover page) has claims that cannot be disputed, and physicians who furnish the drugs they prescribe should try cincho-quinine.

## ABSTRACTS.

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### Soluble Compressed Pellets.\*

A new form of remedies for hypodermic use, by H. Augustus Wilson, M. D., Ophthalmic and Aural Surgeon to St. Mary's Hospital; Lecturer on Diseases of the Eye and Ear, and on Fracture Dressings at the Philadelphia School of Anatomy; Member of the Philadelphia County Medical Society, Northern Medical Society, etc.

Solutions for hypodermic use having been very generally abandoned because the *penicillum*, which so soon forms, renders the use of medicines in this form uncertain, if not dangerous.

Because of the danger and uncertainty, as well as the inconvenience of carrying the medicines in solutions, the profession has resorted, where practicable, to the use of powders, which are carried either in the hypodermic or pocket case.

It is as a substitute for the latter that I propose the new form of soluble compressed pellets, because of their convenient size and certainty of contents and action. I have confined my experiments to the salts of morphia because it is the drug most frequently used hypodermically, and because I felt confident that if I could succeed with this drug it would be but a simple matter to place in the same form other remedies, such as strychnia, arsenic, apomorphia, etc.

The result of my first attempt to obtain a soluble pill I now show you. Besides the morphia it contains one quarter grain of white sugar; but the moisture necessary to roll the pills rendered them difficult to dissolve when required. Then the compressed form was tried with sugar; but the smarting, burning pain which immediately ensued led me to believe that the sugar was an irritant to the tissues, and, instead of aiding, really interfered with the process; therefore sodium chloride was substituted, which I found had not the disadvantages of sugar and possessed merits of its own.

The use of the sodium chloride will be apparent when I say that if morphia salts are compressed alone they become extremely hard

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\*Extracts from a paper read before the Philadelphia County Medical Society, C.

and very slowly soluble. Hence the necessity of mixing thoroughly, before compression, some material which at the same time shall give increased bulk, be inert, and have a great affinity for water. The sodium chloride acts as a disintegrator, for upon coming in contact with water it readily dissolves and leaves the morphia in a fine state of subdivision, ready to be acted upon by water. The sodium chloride, instead of causing pain or irritation, seems really to assist in promoting absorption. To accomplish the solution usually requires not more than thirty seconds, and may be brought about as follows. The syringe is charged with about twenty minims of water, which is poured into a teaspoon or other convenient receptacle; the pallet, being dropped in, is crushed with the end of the syringe, to which the needle fits, and after all the lumps are broken the solution is drawn up and forced out three or four times, when usually the whole mass will be entirely dissolved and ready for use.

It is well known that the addition of atropia sulphate greatly increases the hypnotic and anodyne properties of morphia salts and decreases the tendency to after-headache and constipation. I have, therefore, used this combination in all my experiments, and, would suggest the following formula :

R. Morphiæ hydrochloratis, gr.  $\frac{1}{4}$  ; atropiæ sulphatis, gr.  $\frac{1}{150}$  ; sodii chloridi, gr.  $\frac{1}{4}$ . Mix and make into compressed pill No. 1.

I claim that the advantages of this method over any other known are :

1. The convenient size of the pellets.
2. That they may be used by the mouth if desirable.
3. Their certainty of contents and dose.
4. Their certainty and rapidity of action.

Those who have used the hypodermic method, and have often experienced the disadvantages of solutions and the inconveniencies of powders, from their increased bulk and from the difficulty of removing all the powder from the paper, will, I trust, accept this my suggestion, and from actual use decide whether it is or is not an improvement upon existing methods.

NOTE.—Since I called the attention of the profession, in October, 1880, to this form of remedies for hypodermic medication, Messrs. John Wyeth & Brother have experimented with reference to the



employment of the sulphate salts of morphia, atrophia, strychnia, etc., and to that end, at the suggestion of Prof. Roberts Bartholow, have substituted as a disintegrator the sulphate for the chloride of sodium. I consider the change a good one in view of the fact that physicians as a rule are more familiar with the administration of the sulphate salts.

The employment of the pellets for hypodermic use, during the past nine months, has convinced me that their careful use will tend still further to banish from our armamentarium the bulky changeable solutions, and the equally inconvenient powders in preference for the soluble pellets to which I have had the honor of calling the attention of the medical profession.

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### **Digitalis in Scarlet Fever.**

Regarding the treatment of this common disease, Dr. William B. Atkinson, of Philadelphia, writes: In my own experience, no single remedy has given me such good and such constant results as digitalis. About the year 1858, Dr. Lewis P. Gebhard read a paper before one of our medical societies, very strongly advocating the use of this article in all forms of this disease, and claiming for it the character of a specific. His method was to put one drachm of the powdered leaves of digitalis to twelve tablespoonfuls of boiling water, and, when the infusion had cooled, to give it in teaspoonful doses every hour, according to the age of the child and gravity of the symptoms. Since that time, I have used it in a large number of cases, and with the best results. I generally order it prepared in the same way, and direct the nurse to give it in teaspoonful doses every hour or two, until the pulse and temperature are positively reduced; and then to lengthen the interval so as to maintain the effect thus obtained. I believe that I have almost invariably observed the symptoms to moderate within from twelve to twenty-four hours, and I feel confident that while I have never in a single instance known any of the so-called poisonous effects of the remedy to follow, I have also failed to see the usual dangerous sequelæ in many cases, and only slightly in any. I have never seen anything to warrant a belief in its usually dreaded cumulative effect. Professor Bartholow says the antipyretic effect of digitalis is much

insisted on in Germany. "In scarlet fever, its utility is very great; it lowers the temperature, and maintains the action of the kidneys, thus obviating the two principal sources of danger in that disease." He gives a drop or two of the tincture every hour or two, according to the age, in a little water, or from half a teaspoonful to a teaspoonful every two, three or four hours. He further says, that in a considerable experience in the treatment of this disease, he has found digitalis uniformly successful, and taking in a group of the ordinary cases of *scatlatina simplex* and the *scarlatina anginosa*, it is the most efficient remedy we possess. Dr. Sydney Fennel has used it largely in scarlet fever, and finds, when administered early in the fever, the inflammatory action of the glands of the neck subsides gradually. The fever leaves the patient in the usual time. Desquamation is slight, and the chances of chronic nephritis are reduced to a minimum. He also confidently asserts that the infectious character of the disease is lessened by the remedy, if not destroyed. (*Lancet*, January 23, 1369.) Nearly all recent authors agree as to the value of digitalis in the dropsy following this affection. If they would but employ it from the inception of the disease, they would rarely see any such sequel. Dr. Lewis Smith (diseases of children) says: "Digitalis will often be found useful as a heart tonic, when the pulse is rapid and weak. One teaspoonful of the infusion, or four or five drops of the tincture, may be given every four hours to a child of five years." The late Prof. George B. Wood says: "I have found great apparent advantage, in cases attended with a very frequent pulse, from the use of tincture of digitalis." Dr. Atkinson's experience enables him to endorse this last statement fully. In conclusion, he urges upon the profession a fair trial of this remedy, bearing in mind that such a test requires the employment of a good quality of the drug and its administration with care.—*Medical and Surgical Reporter*, December 1880.

[*Note by the Editor.*—Notwithstanding the eminent authority of Dr. Bartholow, we must caution practitioners from using "from half a teaspoonful to a teaspoonful [of tincture of digitalis] every two, three or four hours," in scarlatina. We have seen alarming cardiac depression follow the administration of fifteen minims of tincture of digitalis in a case of scarlet fever—the only case, in fact, in which we have ever seen cause for alarm from the use of digitalis—in a youth fully 17 or 18 years of age.]

**Quinia as an Antipyretic.**

Dr. Roberts Bartholow, of Philadelphia, thinks that quinia unquestionably holds the first position as an antipyretic. After an exhaustive examination of quinia, salicylic acid, resorcin, chloral, digitalis, aconite, veratrum viride, cold baths, and all methods of hydrotherapy, Liebermeister holds that quinia is entitled to the first place as an antipyretic, and that if he was restricted to one agent he would choose quinia. Although this is the testimony of but one clinician, a representative of the German school, his opinion is but an echo of the general sentiment among the more enlightened thinkers. The utility of quinia consists in its remarkable power to reduce temperature, conjoined with a minimum of evil effects. It reduces temperature by its influence over the vital activity of protoplasm and over the so-called ozonizing action of the blood. The diminution in the oxidizing processes is shown in the great reduction of urea formation. The quantity of quinia necessary to effect any considerable reduction of temperature has been pretty closely ascertained—not less than twenty grains can have any distinct antipyretic effect. It is true, in malarial diseases much smaller doses may diminish fever, but here another element enters the problem. Our German confreres give twenty, thirty, forty, even sixty grains for the antipyretic effect, and repeat it as may be necessary to keep the temperature down at the proper level, and withhold when the result is attained, until required again. The popular, and, to some small extent, the professional opinion, that large doses of quinia affect the ears unfavorably, has no support in my experience. I have used large doses with excellent results in inflammation of the middle ear. That it has any other injurious effect on the human constitution, in proper medicinal doses, seems to me not at all probable. That quinia exercises the same curative influence over fevers—typhoid for example—that it does over malarial diseases, cannot be entertained for one moment. The effect it has on the course of fever is due to its antipyretic property; on malarial diseases, the action is specific and particular. It is effective, then, in the treatment of fever according to the degree in which it reduces the temperature, and the value of this is determined by the importance of the febrile element in the morbid states.—*New York Med. Jour.*, February, 1881.

**Medical Intolerance in England.**

The last illness of the late Lord Beaconsfield has afforded another example of the bigotry and intolerance of the medical profession. This great statesman and scholar had seen fit to employ as his physician, Dr. Kidd, a man who was broad enough and liberal enough to accept what was good from all sources—a man who exercised the right to think for himself, and who consequently did not belong to the “regular” school. He had, on several occasions, successfully treated his illustrious patient, but the gravity of the symptoms during the last sickness necessitated the calling of some other physician in consultation. Dr. Kidd wrote to Sir W. Jenner, who refused to go, and afterwards, at the request of Lord Beaconsfield, Dr. Quain was called, and after learning what treatment had been employed, he agreed to meet Dr. Kidd.

At once a cry was raised against this consultation, and the arrogance, and willful misrepresentation indulged in by the self-styled regular profession is equal to anything we have seen in America.

The *Lancet* of April 9th commences its leading editorial thus: “Widespread astonishment and unfeigned regret have been occasioned by the announcement that Dr. Quain, an eminent physician of the orthodox school of scientific medicine, has been called in consultation at the bedside of the Earl of Beaconsfield and consented to meet and act with Dr. Kidd, a reputed homœopath.” Then after a misrepresentation of everything connected with the case it says: “Dr. Quain has violated a fundamental principle of professional conduct in acting with Dr. Kidd, an eminent homœopath, in treating the Earl of Beaconsfield according to the regular practice of allopathy.”

In response to this bigoted and unmanly article, Dr. Kidd sent to the *Lancet* the following clear and concise statement of facts in the case:

SIR—In your issue of the 9th inst. I noticed some remarks elicited by the consultation between Dr. Quain and myself upon the illness of Lord Beaconsfield, in which you question the professional morality of the proceeding and challenge a justification of our conduct. Speaking for myself, may I tender the following reply?

1. Although, to quote your own words, “a reputed homœopath,” I desire once for all to disclaim any such special party desig-

nation. Four years ago I resigned all connection with the Homœopathic Hospital and Society. In a very extensive practice during thirty-four years, I have always adopted that course of treatment which my own experience has taught me to be most effective for the cure of my patients. Herein I claim simply to have acted as any man does who is not bound by the trammels of a merely mechanical routine. Like other practitioners, I use the drugs of the British Pharmacopœia, but in many cases I have learned from experience that what are called homœopathic remedies may be usefully prescribed. Such remedies I freely use in suitable cases and according to my own judgment. I do not prescribe infinitesimal doses, nor according to the caprice of my patients.

2. With regard to the co-operation of Dr. Quain with myself, the facts are as follows: A valuable life was at stake, one precious to her most gracious majesty the queen, and to many millions of her subjects. I had been enabled for nearly four years to afford prompt and effectual relief to that illustrious man in many severe illnesses. From the first moment of the present attack I recognized its gravity and danger. For ten nights and days I bore the strain of incessant attention, then her majesty wished that the responsibility of so momentous an illness should be shared in consultation. I was asked to arrange it. Knowing the satisfaction it would give her majesty to have Sir W. Jenner's co-operation and opinion, I at once wrote to him. Without inquiring as to the manner in which I was treating the patient, Sir W. Jenner declined to meet me, on the ground that (quoting his own words) "holding as you and I do different views as to practical treatment, I do not think Lord Beaconsfield's interests could in any way be served by our meeting in consultation; on the contrary, it could not be without risk to him." Before receiving his answer, however, Lord Beaconsfield expressly desired to see Dr. Quain. He communicated with me as to how I was treating the case, and upon receiving my assurance that it was not homœopathically he without hesitation visited the patient, and so fulfilled the spirit (to use your own words) of that boast of the medical profession that in the hour of sickness it recognizes only humanity in need of succor. In this way Dr. Quain and I did not work together without being agreed, nor did either sacrifice his convictions to effect the co-operation. On the contrary, Dr. Quain's

great skill was thus made useful to our illustrious patient, and my intimate knowledge of his constitution and of the disease was as helpful to Dr. Quain.

3. As to the rules of professional etiquette which you maintain have herein been violated, it is impossible within the limits of this letter to discuss the entire question, but of this at least I am convinced, that if that "boast of the medical profession"—which you so fully endorse—is henceforth to remain a living principle of conduct, we must be guided not by the misleading flicker of prejudice and jealousy, but rather by the clear and convincing light of humanity and common sense. Believe me, yours faithfully,

J. KIDD, M.D.

George street, Hanover square, April 12th, 1881.

This statement of Dr. Kidd clearly shows that he is not a practitioner of an exclusive school, but—what every physician should be—a true eclectic. And yet *The Lancet* and a large body of men claiming to belong to a liberal profession would prefer to see a patient die, even though they might be able to save him, rather than consult with such a man.

The "orthodox" school is to medicine what the Roman Catholic church is to theology; the autocrat that claims the right to govern the mind of man, and compel him to think as she dictates. If it had not been for the heterodoxy of individual members of the medical profession, charms, amulets, and incantations would still be used for the cure of disease. The spirit of "orthodox" medicine in Europe and America, to-day, would deprive every reformer in medicine of liberty, if not of life, had they the power to enact and enforce the medical laws they are constantly striving to force upon the people.

At one time "the orthodox school of scientific medicine" compelled every one to be bled, blistered and dosed with enormous quantities of calomel, while ignorant pretenders like Hahnemann, Beach, Thomson and Morrow claimed that diseases could be cured by other means. Orthodoxy was compelled to abandon their old ideas and take up new ones. Now they condemn a system of drug action about which they know nothing, and what have they to offer in its stead? Nothing but a conglomerate mass of what they call facts, which have been obtained by simple empirical observation.

On the one hand, the allopath tells us that large doses of medicine given to patients will, under certain conditions, produce certain results, and this they claim to verify by repeated experiments with the same drug. On the other hand the homœopath tells us that minute doses given to persons in health will produce certain symptoms, and that these symptoms occurring in disease can be relieved by the drugs that produce them in health. This they claim to have established by repeated "provings" or experiments. This is the only difference, and the men holding these opposite views are equally entitled to confidence and belief. But those who denounce everything in medicine which they do not themselves accept are the real enemies to medical progress; and whatever be their positions, it will be in the future, as in the past, that progress will take place in spite of them.

Those who are willing to accept whatever good they can see in all medical creeds or dogmas, without being bound to any one, are the true physicians, and, as in Dr. Kidd's case, the thinking men of the age will find them out, and employ them, in spite of the mouldy ethics and autocracy of the dominant school.—*Medical Tribune*.

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### The Salicylates.

Prof. Prosser James, of London, writes to the *British Medical Journal*, of March 19th: In acute rheumatism salicin seems likely to maintain its pre-eminence, because in this disease it is necessary to bring the patient rapidly under the influence of the remedy. This can only be accomplished by full doses at frequent intervals; and salicin seems to be more readily tolerated than salicylic acid or the salicylates. Indeed, very disagreeable, not to say dangerous, symptoms arise with these salts, as testified by Dr. Charteris and many others. Where, however, it is not necessary to saturate the system quickly with the drug, no such disagreeable effects will occur, and the salicylates of sodium and other bases deserve a more extensive trial. All produce similar effects, so far as the acid is concerned, each giving rise to variations due to its respective base.

*Salicylate of Ammonium*.—When it is merely desired to obtain a freely soluble and diffusible combination of salicylic acid, ammonia may be substituted for soda, and the salt thus obtained administered in corresponding quantities, the only differences in the effects being due to the change of base.

*Salicylate of Potassium* may be first named as a substitute for the soda salt; it is similar in taste, very soluble, and may be administered in the same manner, either in single massive doses, or in smaller quantities at frequent intervals. About three years ago I took two ounces of it, in doses of half a teaspoonful to a teaspoonful, once a day. I have also taken smaller doses more frequently, the effects being precisely similar to those produced by the soda salt. Salicylate of potassium is to be preferred whenever it is desirable to introduce potash into the system rather than soda. This is often the case in the gouty diathesis, in some forms of dyspepsia, in the various manifestations of lithiasis, and in some other conditions.

*Salicylate of Lithium* is the next preparation I would introduce. It is not so easily made; or, at any rate, my early experiments in small quantities were not very satisfactory. I therefore asked Messrs. Blake, Sanford and Blake to make some. At first the slightest variations in the process gave rise to an unexpected variety in the product, but now a salicylate of lithium of uniform appearance and quality may be obtained. I recommend it in preference to either the soda or the potash salt when it is desirable to administer a salicylate to gouty patients, or to persons suffering from the presence of uric acid. In fact, where lithia is indicated, it may be given in this form, provided it is desirable to give the salicylic acid, which latter may, in other cases, be given at the same time that lithia in some other form is being taken; as, *e. g.*, during a course of lithia water.

*Salicylate of Calcium.*—In consequence of the affinity of salicylic acid for lime, the teeth may be acted on, and a mistrust has been expressed lest even the bones might suffer from a long-continued use of the remedy. To meet such an objection the hypothesis may be ventured that this salt would best shield the osseous system.

*Salicylate of Quinia.*—This salt has also been used with considerable success, particularly in those cases in which the effects of the bases already mentioned are not required, and in which a tonic, rather than a depressant, effect is desired; in fact, in those cases in which the two components of the drug are both indicated. In such cases, I have administered quinine and salicylic acid alternately; but the salicylate of quinia offers a more simple and elegant mode of prescribing, and has been well spoken of by Dr. Hewan, in neuralgia and rheumatic pains.



*Salicylate of Cinchonidia.*—I now introduce this salt as a less costly substitute for that of quinia, and very useful as a tonic and anti-periodic in neuralgia, rheumatism, sciatica, etc. In such cases, five grains may be given every two hours, or ten grains may be given at once, and afterwards three or four doses of five grains at intervals of two or three hours. Cinchonidia ( $C_{20}H_{24}N_2O$ ) is an isomer of cinchonia, but possesses left instead of right polarization, and is rather more soluble. The medical committee which investigated the subject for the government of India estimated that cinchonidia is only slightly less efficacious than quinia in fever; many observers have considered it of equal value in neuralgia. It might, therefore, be expected that a combination of this alkaloid with salicylic acid would prove valuable in various nervous and rheumatic affections. The salicylate contains about a third of its weight of the acid, and is, of course, incompatible with iron. It is rather insoluble, and therefore the bitter taste is not quickly perceived; it may be given as a powder in wafer-paper, or in a pill, or it may be suspended in a liquid, though this is not an agreeable method of taking it. I give the solid drug in the form of Wyeth's compressed tablets, which can be swallowed quickly like pills. They are sufficiently insoluble not to be tasted in this way, but they readily disintegrate in the stomach, for I have known a couple of tablets produce, in a short time, ringing in the ears, which could not be distinguished from the effect of quinine by a patient who had often taken that drug. A patient who suffered acutely with neuralgia of the fifth nerve, which had been arrested twice by gelsemium, took for the third attack two tablets, repeating the dose in an hour; this sufficed. I have given it in pleurodynia and in the pains of chronic rheumatism. I have not yet tried it in acute rheumatism; but so many cases in which salicylate of sodium is being employed would apparently do better if the effect of quinia in the system were substituted for that of soda, that we may hope the salicylate of cinchonidia may obtain a fair trial. Still, it is in more chronic cases of nervous and rheumatic pain and perhaps in some of the consequences of malaria, that the chief use of this salt will probably be found. As a stimulant to appetite, and general tonic, it may also be given in moderate doses for a longer period, say two and a half to five grains twice or three times a day.

Dr. Charteris remarks that recent reports of delirium following the use of sodium salicylate has thrown some discredit upon the use of the remedy. He traces this effect of the remedy rather to the way in which it is produced than to anything in it *per se*. He claims that salicin has no tendency of the kind attributed to salicylate of sodium, and comes to the following conclusions respecting it.

1. In uncomplicated rheumatism, salicin, in doses of twenty-five grains every three hours, dissolved in warm water or milk, will lower the temperature in two days.

2. When this has been accomplished, the frequency of the repetition of the dose should be diminished to every six hours; then, after two days, it should be stopped altogether, as its further continuance is useless and depressing.

3. If the temperature be not lowered in the time mentioned, the heart is very likely affected, and if such be the case the remedy is of no avail against the fever.

4. Before the employment of salicin the urine should be tested for albumen; if this be present, the remedy should not be used.

5. He claims that delirium has never followed the use of salicin, the carbolic acid in the salicylic acid being probably the source of the delirium.

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**Tanno-Vaseline in Conjunctivitis.**—By A. D. WILLIAMS, M. D.,  
Prof. of Ophthalmology and Otology, St. Louis College of Physicians and Surgeons.

*Editor Medical Brief:*—Tanno-vaseline is a new combination of an old remedy. Persons who have had considerable experience in the treatment of the various inflammations of the conjunctiva will not be slow to consider the merits of anything new in the way of a remedy in that class of diseases. Heretofore tannin has been much used locally in the treatment of conjunctivitis, dissolved in glycerine. This is objectionable on account of its excessive smarting. For some years past I have been using tannin in a dry form. I have it pulverized completely, so that it contains no lumps. I dust a little of this, by means of a camels-hair brush, upon the inner surface of the upper or lower lid, as may be thought best, and then rub the lids together and over the ball so as to spread the tannin

over the whole conjunctival surface. It should be used only once a day. The use of the pulverized tannin makes a very efficient, rather mild, astringent. Its use in this way is, in my hands, far preferable to its use when dissolved in glycerine.

Some weeks ago it occurred to me that vaseline would make a good solvent for tannin to be used in conjunctival inflammations. I had sixty grains rubbed up with an ounce of vaseline. I found that the tannin dissolved readily and apparently quite perfectly in the vaseline, making in appearance quite an elegant preparation. For the past several weeks I have been using this preparation, which I name tanno-vaseline, in all kinds of uncomplicated conjunctivitis. It is comparatively a mild application; yet in this form it is a very effectual astringent. I have used it in many quite acute cases of conjunctivitis with very satisfactory results. In one case, a gentleman connected with the *Globe-Democrat* office, two applications completely relieved the inflammation. In other cases one application was sufficient. In children it acts equally kind. In applying it I place a portion about as large as a grain of wheat by means of a probe on the inner surface of the upper or lower lid, and then slightly rub them together. The heat of the flesh almost instantly melts or softens the vaseline, which makes it spread nicely over the whole surface of the conjunctiva. I confidently recommend tanno-vaseline in all cases where a mild but effectual astringent is indicated. I hope I will not be understood as saying that this preparation is a cure-all. Not by any means. In all cases of congestion of the conjunctiva, where there is any corneal or iritic affection, all kinds of astringents are contra indicated. In such cases, of course, tanno-vaseline would not be admissible. I am satisfied, however, that this preparation is less irritating to the cornea than tannin in glycerine or in substance. The vaseline in some way seems to protect the cornea. For this reason, if no other, tanno-vaseline is much to be preferred to tannin in substance, or as glycerole of tannin.

**CITRINE OINTMENT MADE WITH VASELINE.**—In this connection allow me to say that I have recently had the common citrine ointment prepared with vaseline instead of lard. It makes a very nice preparation, and has proven to be a valuable remedy in blepharitis marginalis, and in skin affections, particularly about the face and

ears. If any of you have occasion to use citrine ointment, have it made with vaseline, and I think you will be pleased with the change.

VASELINE ZINC OINTMENT.—I have also had zinc ointment prepared with vaseline instead of lard. This makes a most elegant preparation, and is certainly a great improvement on the old zinc ointment. Its uses are the same as the old preparation.

In conclusion, allow me to venture the prediction that it will not be long before all the officinal ointments will be made with vaseline instead of lard. Vaseline will keep indefinitely, while lard becomes rancid easily, particularly in hot weather.—*Medical Brief*.

St. Louis, 723 Chestnut Street.

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### **The Relation of Pharmacy to Medicine.**

NEW YORK, April 15, 1881.

*To the College and Clinical Record*.:—The relation of the drug trade to the medical profession is one of the questions of the day, and any new thing in reference to this subject is, therefore, of interest. Especially is this true during the present transition state; and, when a move in the direction of a higher stand upon the part of pharmacy is taken, it becomes of importance as well. I therefore take the liberty of sending you the following as a communication to your interesting journal, hoping that similar communications may be received by you from other pharmacists of like mind, and that the example thus set may be of influence in setting the much vexed question at issue.

I herewith enclose the business platform adopted by a firm of well known manufacturing pharmacists in defence of the position which they occupy in relation to the profession.

Very respectfully yours,

F. E. STEWART.

*To the Medical Profession*.:—GENTLEMEN:—We respectfully beg leave to call your attention to the following circular, which explains the relations which we occupy to the profession as manufacturers and dealers in pharmaceutical preparations:

Our business consists in the choice preservation, preparation and combination of medicines. We are merchants, in that we buy and

sell; manufacturers, in that we deal in our own productions. On a trade basis only do we present ourselves, and to the rules of trade do we conform.

Drugs are tools in the hands of the physician, as surgical instruments in the hands of the surgeon. The knowledge of knife making does not qualify for the use of the knife, neither can a knowledge of drugs, without a knowledge of disease, justify their use in the treatment of the sick. We do not, therefore, attempt to usurp the prerogatives of the physician by advertising to cure the sick, or by proclaiming ourselves original investigators in therapeutics.

We practice pharmacy, not on a professional but on a trade basis. For this reason we do not write works on pharmacy, or make known our trade secrets for the benefit of our competitors. We invent new processes and machinery, and exercise exclusive control over them, but we do not patent drugs, or combinations of drugs, for these we do not look upon as proper objects for protection by patent; neither do we patent forms of medicinal preparations, or seek to gain control of the same by secret formulæ. An exclusive right to the sale of a drug, or a combination of drugs, is injurious to trade, as it prevents legitimate competition, which is the life of trade. It is unfair to the consumer, as it enhances price without a just equivalent. It has a tendency to deteriorate quality, also, and it enables unscrupulous manufacturers to create an artificial demand by advertising fictitious values.

The only trade-mark which we possess is our name and reputation, and it is of value to us but to the extent that we make it so by business enterprise and integrity. The trade-mark system, as at present constituted, is no guarantee whatever as to the quality of manufacture, and, therefore, not a protection to the profession and the public.

Our relations to the war waged at the present upon "trade-mark pharmaceuticals," has been entirely under the leadership and direction of Dr. F. E. Stewart, of New York City, and, while Dr. Stewart has appeared as the champion of the medical profession and legitimate pharmacy, as well as in the interests of trade, our action has been taken from a trade basis purely.

*New Drugs.*—It has always been our desire to promote the advance of scientific progress, recognizing that trade, in every depart-

ment, is directly dependent upon increase in knowledge. Though not original investigators in therapeutics ourselves, that being outside the province of trade, we do all in our power to favor therapeutical investigation. For this reason we take great pains to secure new drugs, and all information possible concerning them, for the purpose of presenting the same to the profession for scientific examination. From the great variety presented to our notice by trade, we select a few, which we are led to believe are of sufficient worth to justify our action from a therapeutical point of view, and after first submitting them to test, that we may determine more definitely their value before risking our capital, present them to the profession for trial; these trials we guarantee to publish, good, bad or indifferent, and if we have made an error in judgment in our selection of the drug, the loss is ours. If, on the contrary, the drug prove to be a valuable one, we have added to scientific knowledge, and thus conferred a benefit upon humanity, the medical profession, and also upon the trade.

*Literature.*—Practical medicine is largely empirical, and is likely to remain so, at least until physiology and pathology throw greater light upon the action of drugs in health and disease. The literature of therapeutics is, therefore, in a great measure, but the history of inconclusive experimentation. In the study of the literature pertaining to the action of drugs, three things should be taken into account. First, the ability and reliability of the experimenter; second, the nature and number of experiments sufficient for verification; third, the results of the well observed and substantiated experiments. The unsupported testimony of the most careful and conscientious scientific investigator cannot be accepted as conclusive evidence; but the accumulated results of the extended experience of many competent observers is the only safe criterion to guide the physician in the treatment of the sick. If the profession had waited for an accumulation of this kind, however, before employing new drugs, the properties of rhubarb, cinchona and opium would never have been known. It should be the purpose, therefore, of trade, as well as science, to do all in her power to facilitate experimentation for the purpose of clearing up all representation regarding new drugs, and coining it, as far as possible, into a definite scientific literature. With this intent we have adopted the follow-

ing plan, suggested by Dr. Stewart, and recognizing the benefit its adoption must be to trade by increasing the demand for new drugs, we offer our aid to the profession in carrying it out.

The plan suggested is to treat the patients in the numerous hospitals and dispensaries throughout the country with drugs which have proved themselves of value, and report the results to the medical press. The collection of these reports would furnish, in a short time, as much material as procured by older methods in a century, and from them could soon be compiled a valuable literature. Though these reports benefit us only indirectly, and to the extent that we are identified with the introduction of the drug or its sale, we offer to the hospitals, gratuitously, drugs for this test, and we do not even request that our names shall be used in the journals in connection with the work.

And, finally, it is to be hoped that the medical profession will give us credit for the integrity of our motives in the introduction of new remedies from the platform on which we stand, and because of the methods which we have adopted.

PARKE, DAVIS & Co., Manufacturing Chemists,  
Detroit, Mich.

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### **Impotency—Nocturnal Emissions.**

I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. It is simply the most efficient nerve tonic in the materia medica. I have treated several cases of impotency, that had sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day.

I can say from experience, that the following combination will give perfect satisfaction in the treatment of nocturnal emissions :

**R.** Celerina, 3 ounces; bromidia, 1 ounce. **M.** Sig.: One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.—GEO. WEAVER, M. D., in *Medical Brief*.

April 7th, 1881.

## EDITORIAL.

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**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches *over five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

For terms of advertising, address GEO. C. PITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### **The American Medical College.**

The commencement exercises for the college year 1880 and 1881, will be held on Thursday evening, June 2d, 1881, at 8 o'clock, in Pickwick Hall, cor. Jefferson and Washington avenues, St. Louis. Let everybody come!

The year has been an interesting one, and a profitable one to the college, and no less so to the students. A full list of the graduates will be published in our next issue.

The annual announcements for the approaching college year are nearly ready, and we shall begin to send them out by June 1st. No new features will appear in it, except upon the matter of tuition. Owing to the strong competition in neighboring cities, especially coming from the so-called regular schools, our board has concluded to put the fees of our college within the reach of all who may desire to qualify themselves to practice medicine. Heretofore we have lost the patronage of scores of worthy young men, who really preferred our school; the difference in tuition prompted them to go to other schools. We have concluded that we can serve our own purposes best, and do better by our branch of the profession, by putting the tuition at a very reasonable figure.



Hereafter, scholarship tickets, entitling the holders to attend two, three or more courses of lectures, will be sold for \$120, which amount shall include the graduation fee. Tuition for a single course of lectures, including matriculation and demonstrators' tickets, \$50. In cases where students take single course tickets, they will have to pay \$25 graduation fees when they come to graduate.

Two full sessions will be held annually, but no student can have credit for more than one course in the same college year, to be counted in graduation. The new announcements, which will be ready in a few days, will give full information.

In view of our extended clinical and hospital advantages, and recent accessions to controlling city offices by several of our leading men, we know that our next college year will be the most interesting and profitable in the history of the institution. Send for announcements. See advertisement.

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#### **Cascara Cordial.**

For a long time physicians have been looking for a pleasant and efficient remedy for constipation, one that will *cure*, and one that is adapted to children as well as to adults. We have, in the cascara cordial, as prepared by Parke, Davis & Co., of Detroit, Mich., the desirable article. The cascara cordial is a combination of cascara sagrada and berberis aquifolium, put up in a pleasant fluid form, each fluid ounce of the cordial containing the medicinal virtues of one drachm each, of the cascara and berberis. Children take this remedy as readily as adults, and one teaspoonful two or three times a day will generally act as a cathartic in children, and as a laxative with adults. The dose may be increased or diminished, or the interval extended or shortened, to suit the different cases in hand. And where the cordial does not prove sufficiently active as a cathartic, either in children or adults, we add two drachms of the fluid extract of cascara sagrada to two ounces of the cordial, and we have a rather brisk cathartic, scarcely less palatable than the original cordial.

For constipation, to regulate the bowels temporarily or permanently, nothing that I have ever used equals this combination. It

may be used under all circumstances where anything of this kind is demanded. It may be used for its cathartic effect, or merely as a laxative, or to cure constipation.

We would further remark that this cascara cordial does not come under the head of *patent* medicines. No, sir; it is put up for the profession, each bottle having the formula for the active ingredients. It is put up in first-class order, and is, in every way, a first-class preparation. Having used a dozen bottles of it lately, we are able to speak from actual experience, and *know* this to be a preparation of rare merit. I have found it specially useful in young children, six months to a year old, where the bowels become obstinately constipated—never move without oil or injections. In such cases the cascara cordial will do the work. If too strong, dilute with simple syrup, or with water, and give small doses. Try this cordial in your practice and you will be pleased with it. Remember one thing, however; in some cases it will not prove active enough to suit you. Then add to each fluid ounce of the cordial one drachm of Park, Davis & Co.'s fluid extract cascara sagrada, as already suggested, and you will be satisfied.

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### **Eczema.**

**R.** Tar (pure),  $\mathfrak{z}$  jv; Mutton Tallow,  $\mathfrak{z}$  j; Olive Oil,  $\mathfrak{z}$  ss; Balsam Fir,  $\mathfrak{z}$  j; Flour of Sulphur,  $\mathfrak{z}$  j. Mix the tar, tallow and olive oil, and heat till all are melted, then add the balsam fir and sulphur, and stir till cool.

Dr. A. L. Foreman, of Milton, Ill., says of this prescription, that it is excellent. He advises that the ointment should be applied three times a day. If crusts or scabs have formed they should be removed by poulticing; then apply the ointment with a soft brush. Every third day he greases the sores with fresh lard, for the purpose of removing the tar, and then he washes carefully with saleratus water (two teaspoonsful to pint of water), avoiding soap of every kind. He says the second or third application of the ointment will remove all irritation and itching, and from ten to fifteen days the patient will have as soft and healthy skin as he could desire.

**The National Eclectic Medical Association.**

As already announced, this association will be held in St. Louis, commencing June 15, 1881, and continue in session three days. Headquarters at the Lindell hotel at \$2 50 per day.

As to reduced rates, arrangements have been made with nearly all the railroad lines to give the delegates reduced rates. All that will be required of delegates or physicians attending this convention will be to pay full fare from home to St. Louis, then we will give them certificates of this fact, which they can present to the ticket agents here, when they will be furnished with return ticket of from one-third to one-fifth the regular rate, as far as the lines issuing such tickets extend, and many of the delegates live on these lines. We will do the very best we can for all, and hope our efforts will result in satisfaction to everybody.

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**The Mark's Adjustable Folding Chair.**

Our readers will see advertised in this journal the finest office chair in the market. The chair alone costs \$25. Then you can and must have it upholstered at the manufactory, which can be done to suit your taste and purse. Isaac S. Lee, 717 Olive street, St. Louis, can give full information about this. Suffice it to say, that I have one of these chairs, for which I paid the cash. I tried to pay all in

advertising but couldn't do it, and determining to have the chair, I bought it, and would not do without it. I can seat my patients in it, and where it becomes necessary to have them assume the recumbent posture, all I have to do is to extend the foot-piece and turn the back down, when I have a perfect and easy bed where I can examine my patient, or administer chloroform, or do whatever may be necessary, and when done the bed is straightened up, and makes

a fine chair. I can recommend this as *the* chair for the physician's office. The cut at the head of this article shows the chair properly adjusted for seating patients, or for your own use. A little desk is seen attached, which is a great convenience, but this is extra, can be removed or attached at pleasure, and need not be taken unless really wanted. The cut of this chair seen in the advertisement shows the chair in a half reclining position, with foot piece out. The cut in this article, and the one in advertisement represent the same chair, only in different position. I should be pleased to give any reader of the JOURNAL any information wanted about these chairs, for they are of great merit as articles of convenience. I have examined all the office and gynecological chairs in the market, and this excels all others.

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#### **Soluble Compressed Hypodermic Tablets.**

We would call special attention to this new form of presenting medicines for hypodermic use. Firstly, the dose is already accurately made out; secondly, the drugs are in a condition to keep for any length of time without deteriorating. These are items of great importance. It is not always convenient to measure or weigh out the  $\frac{1}{160}$  of a grain of atropine, or even the  $\frac{1}{8}$  of a grain of morphine. These tablets do away with all this trouble. They are convenient, reliable, readily dissolved and fill a place not heretofore provided for. Read what H. Augustus Wilson, M. D., says of them.

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#### **Fellow's Hypophosphites.**

I have been using Fellow's hypophosphites for more than a year, and am highly pleased with the results. Potash, lime, iron, manganese, phosphorus and strychnia enter into its combination, and all who know the indications for these things will be able to apply this syrup in the right place. Of course the proportion of each of the above-named ingredients is small, but sufficiently large to give potency.

I have used this syrup in cases of debility, neuralgia, nervous prostration, and whenever a general tonic effect is required this meets the indications, and results in the invigoration of the patient.

**Surgical Splints.**

The Ahl's Splint Manufacturing Company, limited, of Philadelphia, Pa., desire to secure reliable and competent physicians to act as agents for the introduction of their highly meritorious Felt Porous Splints and Orthopædic Appliances, for which service they will pay a liberal commission. We would recommend those having the time to make application for an agency, as we can cordially endorse both the splints and the house for reliability. See their advertisement on page 25. Their address is 125 South Eleventh street, Philadelphia, Pa.

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*MISCELLANEOUS PARAGRAPHS.***The Iowa State Eclectic Medical Society.**

This society will meet at Des Moines, Iowa, June 8th, and continue in session two days.

It is expected and earnestly hoped that every member will be present and lend his aid on this occasion, as business of more than usual importance will come before the meeting. To the eclectic physicians throughout the state, who have not yet become members, we would say that in view of the probable action in the coming legislature regulating the practice of medicine in this state it is of the utmost importance that they become identified with the society; as by this means only can eclectics secure that recognition which rightfully belongs to them. The number of members being the criterion by which we will be rated with other schools of medicine in apportionment on state medical boards, the importance of making a good showing is patent to all. The practice of medicine of to-day is intensely progressive; new remedies and new theories are being rapidly advanced, while those which have proved fallacious are being as rapidly discarded. There is no physician who would keep abreast with the times, but who will be amply repaid for any sacrifice of time and means expended in meeting with the society, and in the interchange of ideas and opinions.

We are fully in accord with the writer who, in a recent medical article says: "We may say without vanity, that the men who are

sent as delegates to national and state medical societies represent the most intelligent sentiments of the medical men of our land. The opinions of these men must exert a vast and vital power in forming and educating the motive conceptions, the actuating principles of all medical men, and through them cannot fail to stamp their impression on the minds of the masses, our whole people."

Prof. A. J. Howe, of the Eclectic Medical College, of Cincinnati, has promised to be with us, and the presence of this distinguished surgeon will greatly enhance the interest of the proceedings.

We also expect that Bennett Medical College, of Chicago, and American Medical College, of St. Louis, will be represented at the meeting.

PROGRAMME.—The preparation of papers has been assigned to the following physicians: The value of vaccination as a preventive of Small-pox—J. A. Reid, M. D., Davenport, Iowa; Sanitary Regulations in Communities, the Effect of their Observance and Neglect in Health—J. A. Hammer, M. D., Des Moines, Iowa; Medical Legislation—A. C. Sherwood, M. D., Marshalltown, Iowa; Ovarian Tumors, their Cause, Symptoms and Treatment.—C. B. Powell, M. D., Russell, Iowa; The More Common Affections of the Eye, and their Treatment—A. E. Stevens, M. D., Wall Lake, Iowa; Trichinosis—John Conway, M. D., Brooklyn, Iowa; Minor Surgery—John Cooper, M. D., Winterset, Iowa; Coxalgia, Arthritis, and Anchylosis—E. H. Carter, M. D., Des Moines, Iowa; Insanity and its Treatment—Thos. Garth, M. D., Clarion, Iowa; Hygiene of the Sick Room—J. H. Wiley, M. D., Oskaloosa, Iowa; The Little Things in the Practice of Medicine—J. G. Hill, M. D., Des Moines, Iowa; Scarlatina—O. H. P. Shoemaker, M. D., Avoca, Iowa; Standard of Health of the Present Generation as Compared with the Past—J. G. Howell M. D., Leighton, Iowa; Progress of Medicine—W. W. Fraser, M. D., Redfield, Iowa; Use and Abuse of Alcohol, as a Remedial Agent—J. D. Miller, Ida Grove, Iowa; Practice of Medicine—Watson Roberts, M. D., Steamboat Rock, Iowa; Gynæcology—J. A. McKlveen, M. D., Chariton, Iowa; Pneumonia—George Douglass, Sioux City, Iowa; Puerperal Eclampsia—J. L. Bennett, Anita, Iowa; Erysipelas—H. V. Byers, M. D., Newton, Iowa.

Any member having rare or interesting cases will please make

notes of the same and report to the society, all of which will be gladly received; and it is hoped that all will come prepared to discuss the topics presented.

COMMITTEE OF ARRANGEMENTS.—E. H. Carter, M. D., Des Moines; A. C. Sherwood, M. D., Marshalltown; J. G. Hill, M. D., Des Moines; O. H. P. Shoemaker, M. D., Avoca; J. A. Hammer, M. D., Des Moines.

BOARD OF CENSORS.—J. D. Miller, M. D., Ida Grove; C. B. Powell, M. D., Russell; O. H. P. Shoemaker, M. D., Avoca.

E. D. WILEY, M. D. President, 401 Walnut St., Des Moines, Ia.  
J. A. MCKLVEEN, M. D., Secretary, Chariton, Ia.

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### **The Illinois State Eclectic Medical Society.**

The thirteenth annual meeting of the Illinois State Eclectic Medical Society will be held in the state house, in the city of Springfield, Illinois, on June 1, 1881, commencing promptly at ten o'clock A. M., and continue two days. Headquarters with reduced rates at the St. Nicholas Hotel.

You are cordially invited and earnestly solicited to attend on this occasion. A great and growing desire is felt for a more thorough organization of the eclectic physicians of the state. The objects of the association are:

1. Mental improvement and elevation.
2. The organization of our entire forces for standing and influence before the public. A medical man who belongs to no medical society is like an isolated soldier in time of war, who belongs to no company or regiment.
3. To come together as brethren engaged in a chosen and useful profession, to mature plans for our common protection and advancement of our mutual interests. We cannot be recognized professionally without being thoroughly organized; therefore eclectic physicians, if you wish to prosper in business, you should not fail to attend and become members of the society. To become members of the National Eclectic Association, must first become members of the State Society, then be sent as a delegate to that body, which convenes in the city of St. Louis, Mo., on the 15th day of June, 1881, at ten o'clock A. M., and continues three days.

In view of the above facts we urge you to consult your own interests, the interest of your patrons and the prosperity of the cause of medical reform, and then do not fail to attend the coming meeting both state and national.

We do hope the gentlemen will not fail to prepare a paper upon the subject set opposite their names below, and if they cannot attend in person send it by mail to either one of the committee, who will have it presented to the society.

The following members have been chosen to prepare essays for the next annual meeting of the society :

H. Wohlgemuth, M. D.—Pathology and treatment of Zymotic diseases; J. D. Wheeler, M. D.—Typho Malarial Fever; W. D. Matney, M. D.—The prevailing diseases of the year and treatment; W. Hope Davis, M. D.—Pathology and treatment of Malarial diseases; Prof. A. L. Clark—Pathology and treatment of Puerperal Convulsions; W. W. Houser, M. D.—Alcoholism; H. K. Stratford, M. D.—Medical Reform in Illinois; R. F. Bennett, M. D.—Diphtheria; W. H. Hobson, M. D.—Cerebro Spinal Meningitis; Cyrus Pierce, M. D.—Granulation of the Eye; A. B. Simmons, M. D.—Obstetrics; J. B. Mathews, M. D.—Intermittent Fever; Prof. Wilson H. Davis—New Remedies; F. H. Fisk, M. D.—Physiology and Hygiene; Prof. Milton Jay—Pyemia; Prof. E. Younkin—Potts disease of the Spine; C. V. Massey, M. D.—Dysmenorrhea; A. W. Forman, M. D.—Theory and Practice; C. H. Doss, M. D.—Hereditary diseases; Prof. P. D. Yost—The use of the Vaginal Speculum.

A. SIMMONS, M. D.,

S. C. HEWETT, M. D.,

L. H. CLARK, M. D.,

Committee.

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### **Miami Valley Medical Association.**

The Miami Valley Medical Association (Eclectic) held its fortieth regular meeting in the court room of the court house at Hamilton to-day at 10 a. m, the president, Dr. S. H. Potter, presiding. In the absence of the secretary, Dr. O. E. Tillson, Dr. J. L. Kirkpatrick was chosen secretary pro tem., about twenty-five members being present.



Dr. Jas. Anton gave an interesting report of his own case of blood-poisoning, caused by dressing malignant erysipelatous ulcers, and the treatment through which he recovered. Dr. C. Markt reported another case of equal gravity, both of which elicited discussion and general interchange of experience in this malady. Dr. Markt read an able paper upon eczema, describing the recent case of John Augspurger near Trenton, and his successful treatment of the same. Dr. D. D. Borger gave the various theories and treatment of puerperal convulsions, with his own successful management of this frightful affection. Dr. J. P. MacLean called the attention of the society to the fact that many diseases are entailed by vaccination, and urged greater care in obtaining pure virus and thus avoid contaminations.

At 12:30 p. m., the society and invited guests adjourned and repaired to the Central House, where they enjoyed a sumptuous dinner specially prepared for the occasion by J. C. Barcalow, Esq.

*Afternoon Session.*—At 2 p. m. Dr. A. Eckert gave his treatment of rheumatism, stating that he generally succeeded in promoting convalescence in acute cases within a week or less.

Professor Howe called attention to salyciate of sodium, as being as near a specific remedy for rheumatism as is quinine for malarial fever.

Dr. G. W. Dickey reported on the best methods of treating croup and its various modifications.

Dr. W. H. Wagstaff presented a patient with a tumor in his right side, over whom Professor Howe held a clinic. The introduction of a trocar showed that the tumor was already suppurating, and he made free, deep incisions, and directed it to be injected daily with a solution of carbolic acid, and snug compress, with adhesive plaster, until the cavity closed by granulation.

Dr. Kirkpatrick reported an interesting case of hemorrhage purpura, which elicited comments from the other members.

Professor Howe made somewhat extended remarks upon comparative anatomy, illustrating his subject by exhibiting the skeletons of several animals. Some of the specimens were rare and neatly prepared, which elicited general interest and careful attention throughout.

Dr. C. Markt, by request, presented a case of a lad who had suf-

fered from a fracture of the clavicle, and, due to unskillful treatment, the bone lapped, shortening it about two inches—a serious deformity.

Dr. L. E. Russell spoke of the useful labors of the Ohio Central Eclectic Medical Association in holding monthly clinics at which many important surgical operations were successfully performed, and of the marked improvement resulting to the members in the various practical branches of medicine, and urged that similar organizations be generally formed throughout the State.

The entire meeting was one of more than usual interest to all present, and at 4:30 P. M., adjourned to the second Wednesday of September next, at the same place.

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### **Melancholia.**

Dr. E. J. Day, London, gives an account of a case treated by him, in which he says: After using it in several pulmonary cases with good effect, I prescribed Fellows' Hypophosphites for a middle-aged female patient, suffering from "melancholia," who was, up to the time she commenced taking it, so bad that her friends and husband had made preliminary arrangements for her removal to an asylum; so great, however, was the improvement under the new treatment, which consisted solely in giving the Hypophosphites, that she shortly was able to attend properly to her household duties; it is only right to mention that the drugs prescribed before, failed. Although Fellows' Hypophosphites contain the active bitter tonics, with iron, etc., my young patients and invalids take the preparation readily. As a nervine tonic I consider it ranks very highly and is a valuable addition to the list of pharmaceutical preparations. I can with great confidence recommend it in cases of general debility, consequently those gentlemen who dispense their own medicines should not be without it.—E. J. DAY, F. C. S., M. R. C. S., L. S. A., M. M. P. A., R. & U. Medical Officer of Health, Public Analyst.

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### **Precocious Fecundation.**

I remember seeing last fall in the *Brief* a report of a case which calls out the following by way of successful pitting and which we reported to the Shelby Co. Medical Society, January, 1879:

Was called December 4th, 1878, to see Luella C., aged about twelve years. On my arrival at the place, a brief examination revealed the following condition: The patient, though robust for one of her age, was then much exhausted, being the subject of a considerable hemorrhage. Upon further examination, I discovered what had been a tumor, now detached, having been removed spontaneously. Taking in the situation as a whole, I made out my diagnosis as follows: A case of precocious fecundation, well marked; and the treatment consisted in removing the placenta, which was large, in turning out the clots and other little attentions which generally supervene upon the removal of that class of intra-abdominal pelvic tumors.

Gentlemen, you will perceive at once, that the point of interest, if any, which attaches to this case, is more curious than instructive, and I simply flaunt this rag to the breeze, if you will pardon my audacity, as a challenge to you to bring up out of the wells of your vast and varied experience a parallel case in this climate. But, of course, if you do I will withdraw from the field in good order and submit to the facts and powers that be. Remember the mother's age, twelve years, eight months and fifteen days. Mother and child—children—both did well, physically.

S. T. McDERMITH, M. D. in *Medical Brief*.

Cowden, Ill.

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### **Treatment of Cerebro-Spinal Meningitis.**

Dr. Frances Delafield (*Clin. News*, Jan. 1, 1881) says that as we do not know how to act upon the general disease, we are confined to treatment of the local lesions. At the very commencement the meningitis should be combated with local blood-letting and cold. Both should be taken by means of leeches or wet cups, from the temples, the nape of the neck or upper part of the spine. This should be employed only in persons who are strong and robust, and at the beginning of the disease. Cold should be applied continuously by means of ice-bags to the head and back of the neck; this during the first week of the disease.

To modify the headache, restlessness and delirium, bromide of potassium, either alone in thirty-grain doses, or combined with chloral, hyoscyamus, musk or tincture of castor. The two latter agents in hysterical subjects.

He thinks quinine is not indicated in this disease. If the temperature is to be reduced he prefers cold effusions, tepid baths, or the cold pack. Quinine does not reduce the temperature in meningitis.

In children, blood-letting is never indicated. The indications for treatment are the same as in adults as above given.

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### Diphtheria.

R. Weise (*Berliner klinische Wochenschrift*) has tested Guttman's pilocarpine treatment of diphtheria, and finds it expeditious and valuable, but has had three children die from collapse produced by it, and therefore thinks great caution is required in its use. His own treatment is as follows: *R.* Acid. salicylic, gr. xv; glycerine, 3 vi; spiriti vini recti, 3 vi; the diphtheritic patches should be penciled with this solution and its vapor inhaled, at least every hour and a half, and full doses of benzoate of soda administered internally, besides which Hungarian wine is freely given. For the local treatment Weise has constructed an apparatus, which consists essentially of a small atomizer and spatula combined, and by its means has been able to make applications and examinations with great facility. Weise has treated fifty-four cases of diphtheria in this way without a single death.—*Chicago Med. Rev.*

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### Taste Not, Touch Not.

F. J. Bancroft, Senior Surgeon to the Denver and Rio Grande Railroad, concludes his circular of instructions to the conductors of that line as follows:

"The continued or the excessive periodical use of malt or alcoholic liquors should be abstained from by every one engaged in operating the road, not only on account of the great risks to life and property incurred by intrusting them to the oversight of those whose intellects may be dulled at times when most care is needed, but also, and essentially, because habitual drinking has a very bad effect upon the constitution, which is a serious matter to men so liable to injury as railroad employes always are. It so lessens the recuperative powers of the body that simple wounds are followed by the most serious and dangerous complications. Fractures unite slowly, if at all, and wounds of a grave nature, such as those requiring the loss of a limb, are almost sure to end fatally. No employe can afford to take such risks, and the railway company can not assume such responsibilities."

**Remarkable Case of Early Maternity.**

On August 8th, 1871, I attended Mrs. F. M——, a joiner's wife, during confinement, and delivered her of a female child. There was nothing remarkable about the infant until it was twelve months old, when it commenced to menstruate, not very regularly at first, varying from one month to six weeks between the periods; the last two years the catamenia have been very regular indeed, never more than three weeks elapsing between the periods. They ceased on June 22nd, 1880 (her mother's statement), when she became pregnant. There is nothing very remarkable in appearance about the child. The hirsute growth over the pubes and in the axilla is profuse, the breasts are large, and at present gorged with milk. She is a very active, hard-working girl, and has for the last year done all her mother's washing; in fact, the night before she was confined, I saw her myself hanging the day's washing on the clothes line in her father's garden. Her labor pains did not continue over six hours from first to last. I administered chloroform, and kept the body well supported with bandages during labor.

The child was a large one, and weighed 7 lbs. It has since died in convulsions; its left foot had only three toes on it. This young mother is now nine years and eight months old, and must have been pregnant two months before she reached the age of nine. Yours obediently,

HENRY DODD, M. R. C. S. in *Lancet*.

Billington, York, March 24th, 1881.

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**Corpulency Reduced by Diet.**

Dr. O. B. Campbell, Ovid, Mich., (*Physician and Surgeon*, January 1881,) was consulted by a man weighing 304¼ pounds, concerning pain in the limbs and embarrassed respiration. The limbs were swollen, and pitted deeply upon pressure. There was a slight varicosity, and the urine contained traces of sugar. His normal weight was 180 pounds. Had taken various anti-fat preparations, and gained flesh all the time. By a diet of gluten bread, beef, eggs, tea and coffee without sugar, a minimum quantity of food and a saline cathartic at night, the weight was reduced to 290 pounds in seven days, and to 256 pounds in the first three months,

He believes this case to exceed any previously reported in rapidity of reduction. The diet was recommended by the *Physician and Surgeon*, July 1879.

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#### **Atropine in Menorrhagia and Hæmoptysis.**

Tacke (*Berliner klinische Wochenschrift*, No. 6, 1881) having had occasion to prescribe sulphate of atropine hypodermically in a case of wandering eczema, found that the patient's menstruation, which had been hitherto excessive, became and continued to be moderate after the first hypodermic injection. He subsequently had a similar experience with two other cases, and a case of hæmoptysis was also markedly improved, whence he concludes that atropine hypodermically administered, is as valuable a remedy against menorrhagia and hæmoptysis as ergot, and it is not so liable to cause inflammation of the subcutaneous cellular tissue as the latter, it is more easily administered hypodermically, thus avoiding any tendency to gastric or intestinal disturbance.—*Chicago Med. Rev.*

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#### **Treatment of Asthma with the Induced Current.**

Dr. I. Burney Yeo relates in the *Lancet* his experience at Neuenahr, where he saw the induced current used in the treatment of asthma. It sometimes acted like magic, curing the cases completely in a week or two. The electrodes are applied usually on each side of the neck, about an inch below the angle of the jaw. The current must be of good strength, so that the patient can feel the stream go across the larynx and soft palate. In bad cases it should be applied twice a day, from fifteen to thirty minutes each sitting. Dr. Max Schaeffer, who first advocated this treatment, found that the constant current never did any good.—*Med. Record.*

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#### **The Nebraska State Eclectic Medical Association.**

The annual meeting of the Nebraska State Eclectic Medical Association meets at Wahoo, June 9, and will be in session two days.

It is desired that all members of the association should be in attendance.

Also an invitation is extended to all liberal physicians throughout the state.

R. S. GRIMES, M. D., Sec'y.

**For Sale.**

One of the finest openings in the state of Illinois for a good physician, in one of the best county seats in the state. A first-class residence (new), six large rooms, pantry, bath-room, closets, etc., bay window, three porches, summer kitchen, wood-house and good barn; all kinds of fruit (bearing) and two lots of ground, with a practice worth annually from three and a half to four and a half thousand dollars. Price of property four thousand dollars and practice thrown in. Best of reasons given for selling. Apply to Geo. C. Pitzer, M. D.

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**Art. XXXIV.—Acute Bronchitis.**—BY J. E. MORRIS, M. D.

It is not necessary to attempt to give an extended description of the principal features of this disease, as every intelligent physician is supposed to be familiar with them; but there are some things connected with it that may be profitably studied in relation to the best methods of treatment.

Bronchitis is said to be "an inflammation of the mucous membrane of the bronchial tubes," and is divided into acute and chronic, general and capillary; plastic, rheumatic and syphilitic. Such division tends rather to confuse than assist in determining the pathological condition in a given case, and as usual such refinement goes beyond the point of accuracy.

Exposure to cold and the presence in the air tubes of foreign substances are the recognized exciting causes, but evidently there must be a predisposing cause or cold, and such substances would produce bronchitis indiscriminately in every person brought in contact with those agents. The theory that it is *per se* a local affection does not seem to be supported by a careful study of its development and character. There is no better reason for so regarding it than there is for such classification of pneumonia, pleurisy, or in fact, the majority of all diseases.

Almost all morbid conditions, except those of the nervous system, are marked by local lesions, but it would be bad practice to address remedies to the most obvious seat of a disease without reference to the antecedent cause of its production. This opinion is further supported by the fact that the systemic depression of bronchitis is out



of proportion to the character and extent of the local lesion ; and by the additional fact that the fever that succeeds the depression precedes the bronchial irritation, which, *a fortiori*, appears to be a result of the fever, instead of the cause of it. There is as good authority for calling bronchitis bronchial fever as there is for such a nosological arrangement of pneumonia, or typhoid fever. It is true that the pyrexia is not exaggerated, in most cases, to the extent that it is in some forms of disease, which is partly accounted for by the almost uniform asthenic type of the febrile movement in this affection. A recognition of this fact at the right time is a practical guide to treatment. Want of attention to this essential primary caution accounts for the large per cent of patients who pass over to the "silent majority" by the assistance of venesection and mercury in the hands of the "ancient order of united" physicians, who often conceal their blunders under the more portentous name of typhoid pneumonia.

The diagnosis of acute bronchitis is not always easily made. Some care and patient investigation are necessary in many instances to distinguish it from frequent forms of pneumonia. Their initiatory stages and physical signs are perplexingly alike. An examination must be made at the right time, or both auscultation and percussion fail to announce the difference. In extensive capillary engorgement in the former there is corresponding crepitant or sub-crepitant rales, that so closely resemble the fine crepitation of the latter that a distinction is nearly impossible. If a portion of the lung has collapsed from obstruction there is dullness and absence of the respiratory murmur that may easily be mistaken for hepitzation of lung tissue. At this stage there is, in severe cases, a similar degree of distress ; but the subjective symptoms are not identical. The pain of pneumonia is generally located by the patient in the mammary or infra-axillary region, and is described as sharp, and increased by deep inspirations. In bronchitis the pain is sub-sternal and obtuse, and is not aggravated by deep breathing. The cough is not a valuable index to either condition ; but the expectorated matter is. The sputa of bronchitis is more tenacious than that of pneumonia, and if it contains blood it has a striated appearance, or the blood is aggregated in the center of the mass, and is quite distinct from the pathognomonic "brick dust" sputa of

pneumonia. The absence of the circumscribed purple spots on the cheeks, accelerated breathing, and dyspnoea is sufficient to make the differential diagnosis possible. Uncomplicated bronchitis is not a very dangerous disease, except in old or feeble subjects and young children; but the prognosis should be somewhat guarded in bad cases in all classes of patients.

The treatment of this affection should proceed upon the conviction that the physician is not contending with an inflamed mucous membrane only, but with a vitiated condition of the system that calls for such remedies as will sustain the vital forces and permit the *vis medicatrix naturæ* to accomplish the cure. All depressing agents are therefore contraindicated, as the mortality is usually in exact ratio to the extent in which they are employed. A saline cathartic may be given as a preparatory measure, but free cathartics should be avoided, even in the most robust subject. Carbonate of ammonia is one of the best remedies for most conditions in which there is great prostration, but the chloride of ammonia is to be preferred if there is copious secretion and troublesome cough. Expectorants do not exert as favorable an influence as their universal popularity indicates, except the nauseating effect that they have, and consequent relaxing of the bronchial structures; when the secretion is meagre they are of little value. Good brandy, beef tea and sulph. quin. are the most reliable remedies in the critical periods of these cases. Brandy relieves distress and controls the cough better than any single remedy. Sinapisms, or stimulating liniments are good local remedies if there is much soreness, but a large mush poultice, large enough to invest the front of the thorax, applied warm and frequently changed is more serviceable.

The application of medicated vapor or steam by inhalation may be useful, but can not be depended upon. Prof. Flint recommends the unique remedy "pulverized warm water," but it, the article, is too scarce for general use.

Opium is highly recommended by several authorities, but it certainly should be used with great caution. The well-known influence that this drug has over the secretions from mucous membranes would exclude it entirely, were it not claimed that it rather increases than diminishes the bronchorrhœa in morbid conditions of these structures. This may be true, but the therapeutic value of the agent is not made emphatic by observation of its effect.

Remembering that the tendency to death from this disease is toward asthenia, and that such measures should be employed as are best calculated to prevent such a termination, success will generally be satisfactory to all concerned but the undertaker.

HORINE, Mo., June 14, 1881.

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**XXXV.—*Senecio Aurens*.—**By I. J. M. Goss, A. M., M. D., Marietta, Ga.

*Senecio aurens* is a small plant very closely allied to *arnica*, and of the natural order *compositæ*. It grows in woods and meadows all over the northern part of the United States. It grows to the height of two or three feet. The root and herb are both used, but the root is much the best. Diluted alcohol extracts its virtues. (See the author's *Materia Medica* for full description.)

***Therapeutical Effects.***—*Senecio aurens* has an affinity for the female reproductive organs, the urinary apparatus, the nervous system, and the mucous lining of the bronchial tubes. So powerful is its action upon the uterus and ovaries that the people call it "the female regulator," which name the Indians gave it. The *senecio gracilis* is confounded with this variety. It is a taller and more slender plant, but seems to possess similar properties. The *senecio* acts as a direct tonic to the female organs, strengthening functional activity in a very marked manner. It fully deserves the title it has acquired—that is, "female tonic." It is the remedy in cases of atonic conditions of the ovaries, or uterus, especially where there is abnormal functional action. It is a remedy for amenorrhœa, dysmenorrhœa and menorrhagia. And in cases of mucous irritation or chronic inflammation, with leucorrhœa, it may be used with marked success. It may seem strange that I recommend this article for amenorrhœa and menorrhagia, but nevertheless, it certainly does possess the power, as a uterine and ovarian tonic, to restore secretion when suppressed, and also to restrain it when excessive. It also regulates the lochial discharge in the same way. As a promoter of the menstrual function, it acts much like *guaiac*, *cimicifuga* and *pulsatilla*. Its action upon the mucous tissues renders it valuable in bronchial irritation, and in prostatic irritation in men and vaginitis in females. It is also a moderately good diuretic.

This article has not received due attention from the profession. I am well satisfied that if practitioners will try this remedy, that they will be well pleased with its action, especially in dysmenorrhœa and menorrhagia. I have treated many very extreme cases of dysmenorrhœa and menorrhagia with this article, and after all other remedies failed to give relief, I have cured them with this. In dysmenorrhœa, I give viburnum prunifolium or viburnum opulus during the flow, to relieve the suffering of the patient, then in the interval I give the senecio, and if there is great debility I give iron and tonics, as the aletris or the helonias dioica (both of which are blood makers, as they stimulate assimilation). Chlorosis often occurs in females whose menses are disordered, especially where the digestion and assimilation are perverted. In these cases I have always found it necessary to add iron and helonias dioica to the senecio to give relief. In diseases of the male sexual organs, senecio often comes in as an appropriate remedy. In chronic enlargement of the prostate gland, it is a very positive remedy. In chronic gonorrhœa and gleet, it is of much utility. In cases of irritation of the urinary organs, attended with scanty, red, acrid urine, the senecio will often prove a positive remedy. In some cases of dropsy, where I have failed with ordinary diuretics, I have found the addition of 60 gtt. of senecio to each dose to act promptly. It has done me good service in some cases of chronic nephritis. In strangury and gravel, attended with bloody urine, I have used senecio and actinomeris helianthoides with entire success (the actinomeris helianthoides is a new remedy, but one of our best of antilithics). As a nervine the senecio will be found to act similarly (but milder) to valerian. In cases of hysteria, gloomy conditions of mind, in globus hystericus, in nervousness, and sleeplessness, senecio will be found an efficient remedy. I have thus given its properties briefly, but faithfully. Its dose is from 20 to 60 gtt., the latter as a diuretic dose only.

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#### **Bromidia.**

I have used Bromidia in several cases with success, where morphia and other opiates had failed. I regard the preparation as a reliable hypnotic.—W. H. HESS, M. D., in *Medical Brief*.

41 S. Clark St., Chicago, Ill.

**Art. XXXVI.—The National Eclectic Medical Association.**

The eleventh annual meeting of the National Eclectic Medical Association was held in the city of St. Louis on the 15th, 16th and 17th of June, 1881. The attendance was large, far exceeding that of previous meetings, and the greatest interest was taken in the proceedings. The interest was maintained to the last, and the scientific, professional and other business transacted was profitable as well as resulting in general gratification and approval.

Those who had doubted the expediency of holding this meeting at St. Louis, and opposed it most heartily, were among the best pleased at its success.

**FIRST DAY—MORNING SESSION.**

The meeting was called to order at 10 o'clock by the president, Prof. Anson L. Clark, of Chicago, and prayer was offered by the Rev. W. V. Tudor.

The Hon. Mayor Ewing then welcomed the association to St. Louis, and promised the members the courtesies of citizens and uttered his own hope that the memories which they would carry home from the Queen City of the West, would be among the most enduring and pleasant of their lives.

President Clark in a graceful speech acknowledged the kindness of the mayor, and paid an appropriate tribute to the city and people of St. Louis.

The following officers were in attendance: Anson L. Clark, president; Alexander Wilder, secretary; James Anton, treasurer.

The vice-presidents were all absent: Prof. V. A. Baker, owing to the sickness of a brother; Dr. H. B. Piper, by the indisposition of his wife, and Dr. A. G. Springsteen, by sickness. They have all been active and very valuable members and their absence was generally remarked and deplored.

The annual address of President Clark was brief to a praiseworthy degree, well prepared and a careful review of the field of medicine and the work of the association. He regretted that the liberality which eclectics have so generally cultivated and maintained had been made the occasion to obtrude under their name and flag all sorts of false ideas and notions, and threatened the new school of practice with many dangers. The sky, however,

was clearing, and as a good evidence, he instanced the destruction of the infamous diploma mills of Philadelphia.

On motion of Prof. R. A. Gunn, of New York, a Committee on Credentials, seven in number, was appointed, consisting of Doctors John T. McClanahan, of Missouri; John A. Munk, of Topeka, Kansas; Henry Wohlgemuth, of Illinois; W. F. Curryer, of Indiana; J. T. McLaughlin, of Ohio; W. B. Church, of Michigan; W. S. Latta, of Nebraska.

Letters of regret were read from numerous and well-known leading members of the association, among them ex-Presidents Milbrey Green, B. J. Shaw and J. A. Duncan. The letter of Dr. Lemon T. Beam, of Johnstown, Penn., contained a severe and deserved criticism of Appleton's New American Cyclopædia for containing an untrue, calumnious and ill-written sketch of eclectic practice, and asked that measures be taken to procure its correction in future editions.

The absence of Dr. Green was unfortunate from the fact that the plan which he had procured to be adopted of disposing of much of the business of the association by sections, as in the other scientific societies, failed to be carried out as contemplated.

The roll of states was called. The credentials of delegates were received from eighteen auxiliary societies and referred.

Not only was California represented in the person of Dr. Gere, but the new Eclectic Association of Arkansas had a report and delegate.

Dr. Anton, the treasurer, presented his annual report, which was a gratifying exhibit of the activity of the association and the expansion of its field of active operation. The delinquents and tardy members as enumerated are as follows:

Owing one year's dues.....	36
"    two    "    .....	17
"    three  "    .....	7

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Total dues.....\$273

About one-half of this amount will be collected; leaving some ten or more names to be struck from the roll. The report was referred to an auditing committee consisting of Drs. L. E. Russell, J. M. Welsh and W. Hope Davis.

The secretary read the journal of the session of 1880, which was approved as correct.

Prof. Younkin addressed the association upon antiseptic surgery.

Prof. A. J. Howe then read a paper upon improvements in surgery and other surgical topics, criticizing the methods usually known as Listerism. He spoke also upon anæsthetics, their uses and dangers.

Prof. Gunn reviewed Dr. Howe's position, declaring that Listerism had made abdominal surgery more successful and assuring greater safety in other operations.

Dr. Younkin spoke again in praise of antiseptic surgery; after which the association took a recess.

#### FIRST DAY—AFTERNOON SESSION.

On reconvening the discussion of the morning was continued.

Prof. Olin, of Illinois, opposed the use of carbolic acid as preventing union by first intentions, by its destructive action upon the plastic lymph. He advocated water dressings and the use of chloroform in preference to ether.

Numerous papers were read.

The committee on credentials reported the names of thirty-eight delegates, all but one of whom were recommended for permanent members. The report was adopted and the persons named duly elected on motion of Prof. Howe.

Dr. Gunn replied to Dr. Olin in regard to antiseptics.

Dr. L. E. Russell opposed Listerism.

Dr. Howe again criticized the "little intricacies of the Lister treatment," and replied to Dr. Younkin.

Dr. Younkin spoke ably and at length in favor of the antiseptic practice.

Prof. Jay declared that germs would grow in the carbolic spray. He did not employ it in practice.

Dr. L. E. Russell reported that the accounts of the treasurer had been examined and found correct. He proceeded to denounce the published volume of transactions as worthless.

Dr. Duff, of Illinois, replied with a vigorous declaration in regard to the transactions, their great value, etc., after which Dr. Russell retracted what he had said.

The secretary read the application of the trustees and faculty of the Eclectic Medical College of Georgia, asking to be included among the institutions recognized and entitled to be represented in the National Association.

The application was referred to a special committee of five.

Mrs. Dr. Campbell submitted verbally the case and claims of the Indiana Eclectic Medical College, and asked its recognition. The matter was referred to the same committee, which was announced as follows: Drs. J. M. Scudder, H. Wohlgemuth, Geo. C. Pitzer, L. E. Russell and J. B. Shultz.

Prof. Gunn addressed the association upon gynæcology. He described his treatment of the intramural uterine fibroid, and advocated the use of the galvanic battery, with internal use of extractum ergotæ and ammonium chloride. He recommended for ulcerated cervix the application of picric acid on pledgets of moistened lint.

The amendment to the by-laws, proposed last year, to change the day for election of officers from the third to the second day of the session, was called from the table by Prof. Howe, who moved its adoption. This was opposed by Prof. Gunn, as tending to derange the business of the association and sometimes to compel the abrupt termination of the annual meeting before the time.

Dr. Madden, of Ohio, stated that he was present when the by-law was amended in its present form, on motion of Prof. King, of Cleveland. It ought to be tried further.

Dr. McDonald also spoke in favor of the present rule.

Dr. S. B. Munn recited the circumstances which led to the adoption of the rule, and spoke of the abrupt termination of the meeting at Pittsburg. The men who came from distant points to attend these meetings felt aggrieved at such things.

On motion of Prof. J. R. Borland, of Pennsylvania, the whole subject was laid on the table.

On motion of Dr. Munn, the hour of nine on Friday was fixed for the election of officers.

Prof. Scudder delivered an address on the theory and practice of medicine. It was an able exposition of his peculiar views in regard to inflammation, phthisis, etc., and their treatment.

The Committee on Credentials reported in favor of receiving the



Eclectic Medical Society as an auxiliary ; also of electing Doctors Ault, Pruitt, Hattan and Congreve to permanent membership. The report and recommendations were adopted.

Dr. H. K. Stratford, of Chicago, presented an address on obstetrics by title. Other papers were now read by title.

Reports were made on the status of eclectic medicine in Maine Rhode Island, Arkansas and Texas.

Dr. E. A. Hansen, of Wisconsin, was elected to membership on report of the Committee of Credentials.

On motion of Dr. Wilder, the next meeting of the Association was deferred till the next morning in order to afford opportunity for the sections to organize and do business.

#### SECOND DAY—MORNING SESSION.

Prayer was offered by the Rev. Truman M. Post.

Letters were read from Prof. Potter, Drs. N. Jewett, D. E. Smith and others.

Dr. N. G. Smith submitted a report on the status of eclectic medicine in Indiana. There are 566 eclectic physicians in practice, 378 of them graduates, and 12 persons doing business on John Buchanan diplomas. The State Association was incorporated in 1870 and has 84 members. A medical journal is published and a college has already held one session.

On motion of Dr. N. G. Smith, of Indiana, Dr. Lewis Frazee, one of the original founders of the association was removed from active membership and made an honorary member.

On motion of Dr. Wilder, a resolution was adopted excusing Dr. Charles Band, of Nebraska, from all further demand for annual dues, on the ground that he has been a liberal benefactor and contributor to the funds.

Pursuant to an order of the association adopted last year, the morning hour was set apart to clinical cases.

Prof. Olin performed a successful operation for artificial pupil.

Pof. Younkin made a short address in which he set forth certain peculiarities in the skeleton of a "subject," as follows :

Peculiarities in the anatomical and surgical anatomy of a Cadaver.

1. But one vertebral artery communicating with the basilar artery of the brain.
2. Six vasculæ of the flexor sublimus digitorum muscles instead of four upon each arm.
3. A lateral curvature of the spine.
4. An ununited fracture of the acromion process.
5. An intra capsular fracture of the anatomical neck of the humerus with osseous union.
6. Osseous union of the epiphyses of the bones of the pelvis.

Dr. Ingraham, of Illinois, presented an apparatus for the treatment of injuries by refrigeration.

Dr. Munn reported a case of fecal impaction, and gave details of the treatment and result.

The committee on credentials reported the names of five delegates from auxiliary societies, with a recommendation that they be admitted to permanent membership. The report was accepted and the candidates duly elected.

On motion of Mrs. Dr. Campbell, the paper of Dr. R. W. Geddes, of Massachusetts, was made a special order for the afternoon at two o'clock.

Prof. Scudder, from the special committee on the applications of the medical colleges, submitted the following report :

*"To the President and Members of the National Eclectic Medical Association :*

"GENTLEMEN: Your committee appointed to consider the matter of several applications—one from the Atlanta (Georgia) Eclectic Medical College, and also one from the Indiana Eclectic Medical College—praying for a recognition by this association, beg leave to report:

"That they have fully enquired into all the facts, and upon thorough enquiry have arrived at the following conclusion, and recommend the matter of recognition be deferred for the present at least, and until this Association can be better prepared to grant this favor.

(Signed)

JOHN M. SCUDDER, M. D., Chairman,

H. WOHLGEMUTH, M. D.,

GEO. C. PITZER, M. D.,

JOHN B. SHULTZ, M. D.,

L. E. RUSSELL, M. D.

"ST. LOUIS, June 16, 1881."

Prof. Borland protested against the recommendation. It was not fair or just to Southern eclectics. They had almost superhuman difficulties to encounter, and ought at least to receive a word of encouragement. He would explain that Dr. Fishblatt, a man who had once been a member of this association, but now excluded from membership, had been removed from a place in the faculty.

Prof. S. S. Boots appealed to the association in behalf of the Indiana college and declared that the committee had been one-sided and had prejudged the case.

Prof. R. A. Gunn protested against any impugning of the motives of the committee. He himself disapproved of allowing medical colleges as such to take part in the controlling of the business of this association, and meant to offer an amendment to exclude them in future. But as the matter now stood, he would propose an amendment setting forth the better way. The report placed a partial censure on the colleges, which he believed ought not to be done. He would be a Methodist and receive them on probation. He read the following resolution :

*Resolved.* That the Indiana and Georgia Eclectic Medical Colleges be admitted to the privileges and receive the recognition of this association for one year, without representation, till after the report of the committee on credentials at our next meeting.

Dr. Scudder demanded that the testimony taken by the committee be read. This was accordingly done.

Attention was directed to the bestowment of diplomas on unworthy persons; also to a proprietary nostrum made and vended by Prof. Kendrick, entitled "Sovereign Remedy for Diseased Liver."

Dr. Wohlgemuth indignantly denied the imputations made upon the committee.

Dr. Kendrick explained that he had been relieved from severe disease of the liver by the medicine in question; that it was not patented and he was willing to make the formula known to them all.

Mrs. Dr. Campbell made an earnest plea against the report of the committee.

Dr. Duff also spoke against the recognition of the Indiana College.

Dr. J. A. Reid, of Iowa, advocated the amendment.

Dr. N. G. Smith, of Indiana, demanded the previous question; which was ordered.

The report of the committee was amended and the amendment adopted, admitting the two colleges to recognition, as proposed by Prof. Gunn.

Dr. J. A. Reid read a paper entitled "The Value of Vaccination as a Preventive of Small Pox."

Prof. Olin criticised the sentiment of the paper, taking the ground that the preventive virtues of vaccination were imaginary, and that the practice multiplied other diseases like iritis, syphilis, etc.

Prof. Gunn also denied the specific or other virtues of the practice, declaring that in New York several towns thus "protected" had been almost immediately after visited by epidemic, and that the individuals first vaccinated by Jenner himself contracted confluent small pox.

Recess.

#### SECOND DAY—AFTERNOON SESSION.

The committee reported the name of W. D. Matney, with a recommendation to permanent membership. The report was adopted.

The treasurer read aloud the names of members delinquent in the matter of annual dues, with the amounts in arrears.

The special order was announced. The paper of Dr. Geddes was not offered, and no one present who cared to consider the subject.

Prof. Jay delivered an address on "Diseases of the Genito-Urinary Organs," explaining the treatment of prostatitis; also the operations of lithotomy and lithotripsy.

A clinical case next came up and was examined by Prof. Gunn. A young man had been thrown from a wagon and badly injured in the back. There were several fistulous openings. He prescribed rest and good diet, scouting the idea of a scrofulous taint.

Dr. L. E. Russell presented a paper on "The Treatment of Goitre," and exhibited specimens of excised glands; also, a uterine polypus, which had occasioned goitre. About two-tenths of these cases he said were females.

Prof. Scudder exhibited ten bottles of medicines prepared by Dr. G. M. Welch, of Kansas, and declared it a good thing for every physician to be his own pharmacist.

Dr. W. Hope Davis read a paper on "Malaria," which elicited debate.

Prof. Younkin exhibited a specimen of membranous matter vomited by a patient of under seven years old, formed by exudation.

Dr. Reid also showed a "vail" taken from the head of a newborn infant, presenting very similar characteristics.

Reports on states were now made verbally for the following states: Georgia by Prof. Borland; Illinois by Dr. Stratford; Iowa by Dr. Reid; Kansas by Dr. Welch; Michigan by Dr. McMaster; Missouri by Dr. McClanahan; Nebraska by Dr. Latta; New Jersey by Dr. Wilder; New York by Dr. Gunn; Ohio by Prof. A. J. Howe; Pennsylvania by Dr. Borland; Wisconsin by Dr. Judd.

Dr. Stratford read an extract from a paper giving an account of a proposed amendment to the code of the American Medical Association, prohibiting the instructing of students that would not follow the old school methods of practice.

Dr. Duff, of Chicago, said that there are two sets of old school practitioners—the liberals and the fighting mothers-in-law, the Sangrados, knights of the lancet and castor oil. He cited Sir Astley Cooper that the practice of medicine was blundering conjecture improved by murder. Such was "regular" practice. Dr. N. S. Davis was hardly a practitioner, at least a successful one. He paid a glowing tribute to Drs. Stratford, Jay, Pitzer and others.

Dr. Wilder called attention to the letter of Dr. Beam in regard to the blundering and calumnious description of eclecticism in Appleton's New American Cyclopædia. It was a libel. He had at the time himself offered the publishers a sketch of the eclectic school, its history and doctrines, which had been declined. On his motion the following was adopted:

*Resolved*, That the executive committee be instructed to confer with the publishers of the Appleton's New American Cyclopædia in regard to a corrected and accurate description of the eclectic practice of medicine in future editions of that work.

Dr. Munn, from the committee on the new eclectic pharmacopœia, reported the following resolution which was adopted without dissent:

*Resolved*, That upon the preparation of the pharmacopœia for publication as contemplated, the president and secretary are hereby empowered and directed to transfer the copyright, in the name of this association to Dr. Albert Merrell, on condition that he shall

publish the same in approved and creditable form at his own expense and without unreasonable delay.

Dr. N. G. Smith gave notice of a proposition to amend the by-laws so as to hold the annual meeting on the second instead of the third Wednesday of June.

Recess.

SECOND DAY—EVENING SESSION.

Dr. H. K. Stratford took the chair at eight o'clock, and Prof. J. R. Borland was appointed temporary secretary.

Dr. Ingraham, of Illinois, delivered a discourse in favor of vaccination, showing its benefits, both as a prevention to small-pox, and in aborting other diseases.

Dr. Wilder stated that his own parents after "thorough vaccination" and "thorough protection," had both contracted small-pox. He opposed the practice as repugnant to sound sense, philosophy, or even science itself. He did not recognize the right of a physician to disease a patient on any such pretext. He cited Silgestroem, of Sweden, Newman, Humboldt, Herbert Spencer and others; and alluded to the fact that last year there were eleven deaths in New York City from erysipelas, the results of vaccination with bovine virus. In certain cases where deaths had so occurred, agents of the Board of Health had deliberately changed the record. Statistics in such men's hands could not be conclusive except as confessions. He referred to the theory of Dr. Spinzig, as giving a rational theory of small-pox and the true modes of encountering it.

Dr. Ingraham spoke again.

Prof. Gunn reviewed the various statements of Dr. Ingraham, criticized the theories of pock-marks and methods, and cited the case of Dr. Jewett, a member who had been repeatedly vaccinated and had small-pox twice.

Prof. A. L. Clark made a close and scorching review of the argument and assumptions of the anti-vaccinators. He took special care, when making his strongest remarks, to do so in the presence, and not in the absence of those whom he attacked. His argument was dispassionate, and well calculated to convince, and not to displease.

Dr. Munn had been a vaccinator, but his observations and experi-

ence had demonstrated the fallacy of the practice. He placed it beside the lancet and the old treatment, as a custom of the day. He had had repeated cases in practice of vaccinated persons contracting confluent small-pox.

Prof. Borland argued that vaccination was a prophylactic.

Dr. Latta said there was something besides the pus and lymph—the specific *contagium vivum*.

Dr. G. H. Merkel stated that he had made a series of experiments on vaccine virus with the microscope. It had the same properties as dead, but not decayed animal matter. He believed that its use had brought untold misery upon the world.

Dr. M. Morton believed in vaccination, but was opposed to making it compulsory.

Adjourned.

#### THIRD DAY—MORNING SESSION.

Prayer was offered by Dr. James H. McDonald.

The journal of the two preceeding days was read by the secretary and approved.

A large number of papers was offered by title.

The committee on credentials reported favorably the names of doctors S. H. McLean, W. H. Harris and James H. McDonald who were elected permanent members—making fifty in all.

The roll of states and colleges was called and the electoral committee announced. The committee retired pursuant to the order of the previous day.

Dr. Wohlgemuth was called to the chair.

Dr. McMullin read a paper setting forth the flourishing condition of eclectic medicine in the state of Kansas.

Dr. Wohlgemuth read a paper also on "Wealth and Poverty—Their Relations to Health and Longevity." He referred significantly to the pains taken to prevent maternity as foreshadowing a decay of the American people.

The Electoral Committee returned and reported the election of the following officers for 1881-2: President, William S. Latta, M. D., of Lincoln, Neb.; first vice-president, R. W. Geddes, M. D., of Winchendon, Mass.; second vice-president, S. S. Judd, M. D., of

Janesville, Wis.; third vice-president, Hamilton S. Mc. McMaster, M. D., of Dowagiac, Mich.; secretary, Alexander Wilder, Newark, N. J.; treasurer, James Anton, M. D., Lebanon, Ohio.

The committee had voted for place of meeting as follows: For New Haven, 12; for Topeka, 9; for Buffalo, 5; for Put-in-Bay, 3; for San Francisco, 2.

The president announced the order to be the selection of a place of next annual meeting.

Dr. Munn pressed the case of New Haven, and was supported by Prof. Gunn.

Prof. Borland moved to substitute Buffalo. Dr. Simmons moved to name Topeka.

The debate was very lively. Dr. Wilder said that a year ago he had voted and protested against St. Louis, as too far from the centre of our school. The sickly meeting of 1875 at Springfield, Ill., and half-moribund one at Washington, where it had been appointed in questionable faith, had so impressed him. We had prospered at Pittsburgh, Detroit, Cleveland and Chicago. The large accessions to our numbers in St. Louis, and our large attendance for all three days, had shown the wisdom of coming to St. Louis. Yet, while he favored going to the East next time, and exulted that we had done so well at St. Louis, he had learned that many more Eastern men would have gone to Topeka than came to this city.

Drs. Simmons and Williams promised free rides to California and everywhere else.

Dr. Borland withdrew his motion in behalf of New Haven, and said that as the Kansans promised, we would all have a chance within a year to attend at Topeka on free tickets.

Drs. Hayden, Younkin and others spoke, Dr. Anton making the concluding speech in favor of New Haven. The amendment was lost, and New Haven selected by an overwhelming vote.

Recess.

#### THIRD DAY—FINAL SESSION.

Prof. Olin delivered an address on "Disorders of the Lachrymal Apparatus."

Dr. Judd described several cases of leprosy.

On motion of Prof. A. Merrell:



*Resolved*, That in future sessions of the association all papers submitted shall be referred by the president to the proper section.

*Resolved*, That in the absence of the chairman of any section, another shall be appointed by the president of the association to serve during the session.

*Resolved*, That its chairman shall convene each section at the earliest possible opportunity, and that such papers as have been submitted shall be considered, and the recommendations of the section communicated to the association.

*Resolved*, That the secretary of each section shall submit to the secretary of the association a list of all papers in their possession with the recommendation of the section thereon, and shall turn over to him such manuscripts at the close of the session.

The committee on credentials read their last report recommending for permanent membership, Drs. Laban A. Howard, of Litchfield; Amariah B. Conklin, of Manchester; L. Sanders, of Benson; Seth B. Lacey, of Greenville, and John A. Bostick, of New Troy—all in Michigan. The candidates were elected.

A resolution was adopted directing that papers for the transactions should not, except in extraordinary instances, exceed twenty printed pages.

The president announced the next business to be the installation of officers. The president elect was conducted to the platform by Drs. Gunn and Munn and introduced. He thanked the association for the honor which had come so unexpectedly, and asked support from the members in the discharge of his duties.

The three vice-presidents were in turn escorted to the platform and made generous promises of great endeavor and fidelity.

The secretary was next introduced, and after thanking the association for the honor which six elections had conferred, declared that the highest meed was the cordial heartiness with which his work had been acknowledged. He had been identified with this association from the start, having been the first signer of the call in 1870, and with eclectic medicine years before any person who had attended this meeting. From the tone and temper of this association its future may be augured. Its literature, as set forth in its transactions, the work of its practitioners, has already assured its place as a learned body.

He could say little more than to quote these lines of Byron :

"To shoot a beam into the dark assists  
To make that beam do fuller service, spread,  
And utilize such bounty to the night  
That assists also, and that task is mine."

He would now resume the duties of his office. Opening two letters just received he presented the annual dues of the writers to the treasurer, and next read the following to the association :

"CRETE, Nebraska, June 15, 1881.

"To the National E. M. Association.

"GENTLEMEN :—Enclosed find draft for \$100. I also designate Profs. Wilder, Scudder, Gunn and Pitzer to choose two subjects that will be of the most interest to the profession for prize essays, \$50 each, or divided as the committee thinks proper. This is for the National E. M. Association meeting for 1882. Business prevents me from attending. Respectfully,

"CHARLES BAND."

We can only say, the secretary added, "that this is just like Dr. Band."

The treasurer, Dr. Anton, was next presented, and delivered a characteristic speech, eloquent, but requiring a stenographer to do it justice.

On motion of Dr. Gunn, the thanks of the association were presented to the retiring president and officers of the last year for their fidelity and efficiency.

On motion of Dr. Borland, the proprietor of the Lindell Hotel, the committee of arrangements and others were gratefully remembered.

Thanks were also voted to Dr. Band, whose generous munificence, now three times bestowed, had accomplished so much to further the objects of the National Association.

A resolution was adopted offering thanks to Wm. S. Merrell & Co., of Cincinnati, Ohio, and Parke, Davis & Co., of Detroit, Mich., and the Wheeler Chemical Works, of Chicago, for their fine pharmaceutical displays and their liberal distribution of samples. Also, to Aloe, Hernstein & Co., of St. Louis, for their fine display of surgical instruments.

The secretary called attention to the efforts made by Professor Pit-

zer, now and heretofore. He had done the work to secure the conveniences which had made the business of this session go on without friction, and to assure the success of this our most prosperous and successful annual meeting. Our railroad charges and board bills have been commuted; and this hall and other facilities have been at our disposal at no charge. Ever since Dr. Pitzer has belonged to the National Association, certainly ever since the present secretary took office, he has never slacked in effort, friendly office, or any service or even expense, which would further the business of the association.

Thanks were then voted to the railroads, citizens and clergymen, for their valued services.

Dr. Madden gave notice of several amendments to the by-laws.

Dr. Younkin introduced a child that had been partly paralyzed, and its development of osseous tissue partly assisted by a fall. Convulsions and partial paralysis characterized the case.

Drs. Gunn, Olin and Pitzer passed judgment on the patient, and Prof. Younkin concurred.

The convention then adjourned to meet at the City of New Haven, on the third Wednesday of June, 1882.

ALEXANDER WILDER, Secretary.

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## ABSTRACTS.

**The Chloro-Phosphide of Arsenic in Hay Fever.**—By EDWARD C. MANN, M.D., New York City. Physician to Sunnyside, a Private Hospital for Diseases of the Nervous System, Dipsomania and the Opium Habit.

In hay fever we have a nervous disturbance, an exaltation or perversion of nervous action, a morbid irritability of the organic nerves of the respiratory mucous membrane. It is a very troublesome and intractable affection. The whole of the respiratory tract, from the frontal sinuses to the bronchi, are affected, irritable, and perhaps inflamed. The patient suffers very much and becomes pale and haggard. There is sneezing, coryza, lachrymation, cough and slight fever. Dyspnoea and constructive pain in the chest may also be present. Hay fever is a disease of the nervous system, and our

treatment must be constitutional rather than local, and I claim that in the chloro-phosphide of arsenic we have as nearly a specific for the disease as is possible. It is one of the very best nervine tonics that we have at our disposal, and it controls irregular nervous action most markedly, and in hay fever it cures by relieving the morbid irritability of the organic nerves of the respiratory mucous membrane, at the same time invigorating and giving tone to the whole central nervous system.

I usually give from eight to twelve mimins of the chloro-phosphide of arsenic in this disease thrice daily, after meals, and pay attention to the condition of the general health. When the symptoms are of an asthmatic rather than catarrhal character, I apply the induced current to the sympathetic nerve and uniformly with relief.

This preparation of the chloro-phosphide of arsenic should be written for as "Routh's formula," as the solution is made after the formula of Dr. C. H. F. Routh, of London.

The effect of this preparation on brain power and sexual impetus is very marked as it is also in cases of brain exhaustion from overwork which perhaps is threatening insanity. In these latter cases from fifteen to twenty mimins of the solution may be given after each meal. The loss of memory consequent on brain exhaustion from overwork I have relieved as if by magic by this solution in many instances. It also increases the appetite very markedly, and as I have said it is a very valuable therapeutical agent in the treatment of nervous diseases.—*American Medical Bi-Weekly*.

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**A Case of Complete and Prolonged Loss of the Senses of Both Taste and Smell—Rapid Recovery Under the Influence of Galvanism.**

—By A. D. ROCKWELL, M. D., Electro-Therapeutist to the New York State Woman's Hospital.

It is within the experience of all of us that the sick not unfrequently promise blessings in case of recovery ; if, however, our therapeutics prove futile, they are on the other hand too often ready to do the other thing. Happy then, is the man who, instead of a curse can command a blessing, and thrice happy he who has aided in a recovery, the conditions of which are such that he is blessed three times a day. Those unfortunates who simply "eat to live,"

might not perhaps be so appreciative as the patient whose case is here given, and who sent word that she blessed me three times a day ; but the wise and happy who combine both purposes, and like the hero in Charles Lamb's essay "On the Origin of Roast Pig," "live to eat" as well, could hardly fail to be equally grateful. The literature of the neuroses of the nerves of special sense is not very extensive, but anosmia, or loss of the sense of smell, is not unfrequently met with.

I have seen quite a number of such cases of a chronic character, and have reported a number of recoveries. Complete loss of the sense of taste, however, is very rare, and in ten years I have met with but two such cases, the first of which occurred in a patient sent to me by Dr. A. N. Brockway. Permanent recovery followed treatment.\*

The second case was a young lady from Wilton, Conn., who came to me January 12, 1880, through Dr. W. W. Rodman, of New Haven, Conn. The sense of taste had been so completely lost for ten months that it was the same to her whether she partook of what was most bitter and disagreeable, or of the most attractive and delicately flavored dishes. In January, 1879, the patient suffered from a sudden and severe attack of influenza, followed by fever. In March a second attack came on, resulting not only in a loss of the sense of taste but in a loss of the sense of smell also. It was evident that all the gustatory fibres were involved, for, however completely the various portions of the tongue and surrounding mucous surfaces were tested, it was impossible to elicit the slightest suggestion of the existence of this special function. To the influence of the galvanic current, the vital function of the nerve responded but faintly, so faintly, indeed, that it was hardly recognizable to the sense of the patient. After two or three applications, however, the metallic taste was very quickly and distinctly appreciated, and in about two weeks the lost function was quite restored and still remains normally acute, after a lapse of nearly a year.—*Medical Record*.

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\*The case is detailed in Beard and Rockwell's Med. and Surg. Electricity, p. 684.

**Jaundice (Icterus).—By S. S. BOOTS, M. D.**

I wish to present briefly a case of *icterus*, for the purpose of calling attention to the action of a particular remedy that was used in this case, and embodies a principle of treatment that has not, to my knowledge, been used in similar cases.

The patient was a woman, married, aged about forty-five years, and the mother of three children. I elicited from her and the friends the following history of her symptoms, previous to the time I first saw her, which was about three weeks from her first attack. She was first taken with a pain in the right hypochondriac region, of a cutting or tearing character, accompanied with nausea and vomiting; the bowels were constipated; slight fever, with cephalalgia.

They summoned a physician living near who pronounced the disease colic, and prescribed accordingly, but with no permanent relief; the pain returning as soon as she left off the medicine, which was probably an anodyne.

In a few days the acute pain subsided, leaving a soreness or dull pain that was augmented upon when any attempt to change her position in bed, or when pressure was brought to bear over the affected region. Toward the close of the second day from the beginning of the difficulty, there was noticed making its appearance a slight yellowish tinge in the skin that gradually deepened as the disease advanced. As the jaundiced condition began to make its appearance, it was accompanied by pruritus that increased in intensity as the icteric hue deepened. This became almost intolerable of a night, being so severe that she could not desist from scratching, especially the extremities; consequently the skin was abraded in several places, from which there exuded a yellowish water.

The following are the symptoms that were present at the time I first saw her: The skin was of a deep yellowish hue, presenting, as near as I can describe, a bronzed appearance; the tongue was not coated, and was of its natural color, but in shape was slightly changed, being somewhat shrunken; the urine was a dark brown, or coffee color, normal in quantity; the discharges from the bowels were of a gray or ash color, in form and consistence as the fecal discharge in health. There was a persistent nausea and disgust for food, the smell of victuals being very disagreeable; consequently she became somewhat emaciated; she was very restless, being able to sleep but little, which I think was produced by the pruritus.

This is a condensed history of the case, which was produced by an obstruction in the ductus communis choledochus, preventing the passage of the bile into the duodenum, and from this and this alone, were all the symptoms traceable.

It is not necessary for me to enumerate all the treatment given, but suffice it to say that different remedies that seemed to be indicated were prescribed, all of which were of no avail except as the treatment was upon the restorative plan. Her strength slightly improved; still, it was evident that the obstruction remained, and that it was but a question of time when the resultant derangements that were caused by it would close the scene by death. She was satisfied of this and said as much; also requesting me, when this occurred, to hold a post mortem examination.

My theory was that the obstruction was from an infraction of biliary calculi, and that this was the cause of her first complaining, that was called *colic*.

After exhausting all the means that were thought to be useful for the conditions that were present in her case, I was, to some extent, nonplussed, for the plan of treatment pursued seemed to be scientific, and my decision was to continue the same general plan, when, upon opening my medicine case, to duplicate the former prescription, there was lying on top of the other medicines a bottle containing liquor ergot purificatus, given me as a sample by an agent of Messrs. Parke, Davis & Co. The moment I saw this it flashed through my mind that ergot would cause a contraction of muscular fiber, and if it would cause a tonic contraction of this now dilated and weakened duct, that it would expel the offending substance. This was no unreasonable thought, knowing that this remedy would contract the walls of the blood vessels. The longer I thought of this the more reasonable it seemed, and I determined to act upon the thought, and prescribed ten drops of the liquor ergot every hour. The result of this was that in less than twelve hours she stated that there was "some change going on in the region of the liver," and in less than twenty-four hours from the time the first dose was exhibited, the fecal discharges showed that the bile was again passing into the bowels. The skin rapidly lost its golden color; the bile disappeared from the urine; the pruritus immediately ceased, and up to this time there has been no return of this difficulty.—*Exchange*.

**Calcium Salicylate in the Serous Diarrhoeas of Infants.**

Dr. Hutchins, of Brooklyn, N. Y., reports in the *Kings County Proceedings*, the results of twenty-seven cases of serous diarrhoea in infants from two months to two and a half years of age, treated with one drug only—calcium salicylate. Some of the cases were seen but once, many only twice, and none above four times, and in all the disease was promptly and permanently controlled.

The cases on which this memorandum is based are selected so far as to include all those with the more or less profuse watery alvine evacuations, with or without vomiting, and to exclude all others. The purport of this memorandum is to put on record the fact that these discharges were controlled by the calcium salicylate with a promptness and efficiency that the writer has never experienced by any other mode of treatment. The patients ranged in age from two months to two and a half years. No discrimination was made as to diet, which, in some instances, was breast milk exclusively; in others condensed milk, the patent foods, or a mixed diet. In no case was any modification of the previous diet called for, save in the matter of quantity. All the patients were in good social and hygienic surroundings. In two instances the infants were at their summer homes, and the telegraph and mail related the symptoms and conveyed the medicine. In all cases the dose was three to five grains from two to four hours. The total quantity consumed by each patient varied between six and eighteen powders. In a few cases minute doses of aconite and veratrum were given during the stay of the high temperature, and in other few, small doses of quinine were followed up after the subsidence of the disease.

It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time, say from two to twelve hours, and the next movement would be a watery one, but there would be no further recurrence of the diarrhoea. There might be a return to normal movements, or there might be a change to a diarrhoea of indigestion, or to a diarrhoea from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge occur.



It was noted likewise that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lien-teric or inflammatory. The serous diarrhoea alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted, that the vomiting accompanying these diarrhoeas was controlled so soon as the medicine began to show its effect on the discharges.

The following prescriptions contain five-grain doses of the salicylates:

**R** Acid. salicylic, xxx grs; cretæ precip., x grs; syrapi, ij 3; Aquæ, xiv 3. **M.** Two teaspoonfuls every two to four hours.

**R** Acid. salicylic, xxvj grs; bismuth teroxid, xiv grs; tr. hyoscyami, j 3; syrapi, ij 3; aquæ, xiiij 3. **M.** Two teaspoonfuls every two to four hours.

The form in which I have used the calcium salt would be represented in a formal prescription, thus:

**R** Acid. salicylic, xxij grs; cretæ preparat., viij grs. **Misce accurate.** Divide in chart. No. vi (gr. v.), vel No. x. (gr. iij.) **Sig.** Onee very two to four hours.

I found the calcium salt so effective that I abandoned the bismuth salt mainly to avoid the discoloration of the discharges due to the bismuth. I did not find that the bismuth acted any more effectually than the calcium in controlling the vomiting.—*Drug. Circular.*

### **The Eucalyptus Globulus in the Roman Campagna.**

A writer in *Chambers' Journal* has recently given an account of what the eucalyptus globulus has done for the Roman Campagna. That desolate and malarious spot has had some impression made upon it at last by the trees in question. At the Monastery of the Three Fountains, kept by Trappist monks, a veritable oasis has

been created. This had been a perfectly barren place, and so rank with malarial exhalations, that even the few monks who lived there in the daytime were obliged to sleep at night in Rome. At the sacrifice of some lives and a great deal of labor, a large number of the eucalyptus trees have been brought into successful cultivation with the most beneficial results. The government, recognizing the value of the work, has very recently granted the Trappists a tract of land for further reclamation, and have allowed them the assistance of convict labor.

The eucalyptus is a tree which has several very remarkable peculiarities. Its growth is extremely rapid. In four years it reaches the height of twenty-five feet, and eventually, in the warmer climates at least, becomes two or three hundred feet high. Its leaves are peculiarly arranged, the flat surfaces being placed vertically. This allows a more rapid evaporation of water. The avidity with which water is taken up by the roots and thrown off by the leaves is most remarkable. In two hours one square yard of leaf surface will give off nearly four pints of water, this being two or three times the weight of the leaf. By this process the poisonous moisture in the soil is distilled and purified.

The anti-malarial influence of the plant may be due in small part also to the volatile oil secreted by the leaves. In one hundred pounds of leaves there are from three to six pounds of this oil. Under the influence of air and moisture, peroxide of hydrogen is generated. By the oxidation of the oil, also, a camphoraceous substance is produced. The effect of these reactions is more or less to purify the air.

The Campagna is still, for the largest part, barren and uninhabitable, but the Trappists have shown the possibility of reclaiming some of it, and have demonstrated the efficiency of the eucalyptus in securing the result.

It would be well for sanitarians in this country to renew their attention to this tree. The drawback here is that it cannot be cultivated, without great care, in any but the warmer climates. Winter temperatures, below 23° F., will generally kill it. It has been grown, however, in Edinburgh, and, apart from its susceptibility to cold, it is a sufficiently hardy tree.

**Elixir Phosphorus and Damiana in a Case of Impotency—By A. F.**

STIMMEL, M. D., Chattanooga, Tenn.

In the latter days of January, 1881, there came to my office Mr. W. X., a young man, lately married. Before his marriage he was known as one of the most straightforward, solid and quiet young men in town. He came here from St. Paul, Minn., about six years ago. He complained of sexual impotency and failure to accomplish the sexual act, as in the moment of highest stimulation the erection goes away and a collapse of the penis resulted. After this catastrophe and continuing for from two to five minutes there was a voluntary "emissio seminis." I examined him closely and found his anatomical structure regular, chest broad and body well poised on a pair of broad, almost womanish hips. His sexual faculties, as far as he had tested them in his married state had previously been fair. He attributed the cause of his weakness to a shock he received in jumping from a wagon (a heavily loaded dray) on the sidewalk and coming down hard on his heels without relaxing the muscles of his leg. The shock was felt exactly at the spine in the lumbar region, where the lumbar plexus originates. The etiology of his suffering was clear to me; the shock to the spinal marrow being evidently the cause of the sexual inertia. I proposed pill phosph. gr. 1-50, one three times daily, and fluid extract damiana (S. & D.), gtt. 15 at the same time. Result: No improvement. Tried dieting. Gave food rich in phosphates and stimulating wines (sherry and port), but failed. Finally an elixir phosph. and damiana (P., D. & Co.,) was prescribed. I started with it on February 18, dose, teaspoonful every four hours for three days, after which the same quantity was given four times a day till night. Result: March 12th the patient reported himself fully recovered and happy in the assurance of his wife that his labor of love had wrought its legitimate ends.—*Therapeutic Gazette*.

**Gonorrhœa.**

The following prescription usually cures gonorrhœa in four or five days, without any other treatment: *B.* Listerine, 3  $\bar{3}$ ; *Morph.* Sulph. 3 grs; *Aquæ*, 5  $\bar{3}$ . *M. Sig.*: Inject three or four times a day.  
—*Medical Brief*.

## EDITORIAL.

**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$3.00 a year in advance.

For terms of advertising, address GEO. C. FITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### **Cholera Infantum.**

Summer is here again, and with it come the diseases that so frequently prove fatal to infants. Last year we pretty thoroughly canvassed the subject of cholera infantum, or summer complaint, and our instructions then given are pretty well understood by our readers.

As diet, mother's milk is the best; when this cannot be had, cow's milk, sweetened with glucose, and a little dry extract of malt added, will agree well and nourish the child quite well. No cane sugar should be allowed. All starchy articles of diet such as potatoes, crackers, bread of every kind, rice, corn starch, etc., should be prohibited.

The medicines most appropriate are lactopeptine, pepsin, dilute phosphoric acid, acid phosphate, bromide of potassium, cinnamon, and quinine by inunction. Aconite, in exceedingly small doses, when fever runs high, answers a very good purpose; say take tinct. aconite, gtt. j; glucose,  $\mathfrak{z}$  i; water,  $\mathfrak{z}$  iij. M. S. One teaspoonful every hour.

\*To relieve nausea, arrest vomiting, repress diarrhoea and aid digestion, one or two grains of lactopeptine may be given every two

hours; or, instead of this,  $\mathcal{R}$  Pepsin, grs. xv; dilute phosphoric acid, or acid phosphate, gtt. xv; glucose,  $\mathfrak{z}$  j; fluid ext. cinnamon,  $\mathfrak{z}$  j; water,  $\mathfrak{z}$  j. M. S. One teaspoonful every hour; or, in making up this prescription, thirty grains of lactopeptine may be used instead of the pepsin and the acid. For headache, threatened convulsions, or where convulsions are suffered, bromide of potassium, in from one to five grain doses will give the best satisfaction. Each dose of the solution should be well diluted when given. Bromidia, in ten to thirty drop doses may be used instead of bromide of potassium. Many other things might be said regarding the management of this disease, but from this the reader will understand the course we recommend and pursue. No opium in any case.

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#### **Listerine.**

We find in this new compound one of the most slightly, pleasant, convenient and valuable remedies we have. In ulcerative stomatitis it is superior to anything we have used.  $\mathcal{R}$ . Listerine,  $\mathfrak{z}$  ss; syr. simple,  $\mathfrak{z}$  iij ss. M. S. One teaspoonful every two hours. This, with a weak solution of cupri sulphas. as a local application, will show favorable results immediately. This is for children from two to five years old. Adults may have the same treatment, but the doses should be larger. In a short time after commencing the use of the listerine, all the fetid odor coming from the diseased mouth disappears, and the ulcers show a healthy surface—put on the appearance of convalescence.

Many patients come to us complaining of "bad breath." Young ladies, especially, detest bad breath. Sometimes bad teeth occasion bad breath. But no matter about the source, listerine will correct the difficulty. If from bad teeth, instruct the patient to have them cleaned, and then wash the mouth with listerine twice a day, or, better, immediately after each meal. This will insure a sweet mouth. If bad breath comes from sour gases in the stomach, or effete material through the lungs, then listerine taken in half or teaspoonful doses four times a day, will soon correct the trouble. These are mere hints regarding the value and convenience of listerine. We shall refer to it time and again, as cases come to our notice requiring its employment. No gynæcologist or obstetrician should ever think of making an examination without applying listerine to his hands before and after each examination.

### Johnstone's Porous Splints.

Country physicians frequently feel the need of surgical appliances, and many times suffer from embarrassment because they have not, and cannot get what they want. In cases of fractures it is not always easy to keep the parts well adjusted, especially if suitable apparatus cannot be had. Having practiced medicine fifteen years in the country, where the physician has to be doctor, surgeon, midwife and dentist, I feel competent to express the wants of country practitioners.

Now, allow me to call the attention of every reader of this journal to the splints above referred to—*Johnstone's Improved Ahl's Adaptable Porous Felt Splints*. These splints are admirably adapted to fractures of any bone in the body, and they are put up in different sizes, so that in a set of the splints, fifty in number, we have everything we want in the way of splints for dressing fractures. If a splint does not exactly fit a part, it can be moistened with warm water and made to conform to the limb or part exactly, and when dry the splint will be stiff as a board, but light as paper, and as cool as gauze. Never have I seen anything so admirably adapted to the wants of a country physician. When a case of fracture is reported, we pick up the box containing the set of splints and a few roller bandages, and we go to the patient with the assurance that we can meet the demands immediately. No cutting or shaping of splints, but the proper ones are selected from the set, and after adjusting the fracture they are carefully placed in position and the work is done. The merest novice can work them. No country physician should be without them. The price is trifling compared to their real merit. Any information concerning them by letter or postal card, will receive prompt attention.

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### The National.

We furnish our readers with a report of the National just as we received it from the secretary, in his own handwriting. Of course it is brief, but the essentials are given.

The meeting was a success. More than fifty new members were taken in, and a general good time enjoyed by all. We mail a copy of this number of the JOURNAL to every member of the National—new and old members. We are interested in the cause, always have

been, and propose to continue on the same line. We shall aim to keep our readers informed regarding the doings of all county, state and national associations, and are always glad to receive concise reports from societies. We shall go to New Haven next year prepared to take it all in, and have a good time generally. Let everybody prepare to go.

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#### **The American Medical College.**

The next session of this institution will commence on September 5th. The advantages are much better than ever before, equal privileges having been granted by the city authorities in all matters pertaining to clinics in and out of the hospital. No Eclectic school in the country can boast of such privileges. By referring to the announcement it will be seen that regular lecturers are appointed from this college to conduct clinics at the city hospital, so that students of this school have the advantage of clinical lectures delivered by their own professors. Send for catalogue and announcements.

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#### **Prof. Thrailkill—Diseases of Eye and Ear.**

We are glad to inform our readers that Prof. Thrailkill is again located in St. Louis, after nearly a year's absence (he has been at Eureka Springs, Ark., for several months), and is ready for business. He has opened an office at 602 Olive street, and while he aims to do a general practice, he will give special attention to diseases of the eye and ear. He has given these subjects special attention for years, and has become one of the most proficient and expert operators in the west. General practitioners who do not care to assume the responsibilities of critical cases and operations in aural and eye surgery can consult Prof. Thrailkill.

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#### **Electricity as a Therapeutic Agent.**

Under this head we propose to write a series of articles in forthcoming issues of the JOURNAL. A case reported this month by A. D. Rockwell, M.D., taken from the *Medical Record*, will be read with interest. In our papers we propose to present the subject in a manner that will be comprehended by every reader. Full descriptions of Faradic and Galvanic batteries will be given.

**Green Root Tinctures.**

The green root tinctures of Wm. S. Merrill & Co., of Cincinnati, are first-class, and are excelled by no preparations in this country.

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**The Magnetic Chair.**

Last year we called attention to this chair, so kindly offered by Dr. Hathaway, and again we desire to commend it to our readers. See his advertisement.

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**The Upper Osage Eclectic Medical Society.**

This society will meet at Schell City, Mo., July 6, 1881, and an interesting, pleasant and instructive session is contemplated. Let every physician who can possibly attend this meeting, be on hand. Dr. T. W. Miles, of Schell City, is the secretary, and is working hard to build up our cause in that region. For further information about the society, address Dr. Miles, as above.

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*BOOK NOTICES.***THE CHEMISTRY OF MEDICINES.**

The Chemistry of Medicines is a text and reference book for the use of students, physicians and pharmacists, embodying the principles of chemical philosophy, and their application to those chemicals that are used in medicine and pharmacy, including all those that are officinal in the pharmacopœia of the United States, with fifty original cuts. By J. U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, Ohio; associate author of the Supplement to the American Dispensatory, etc. It is a neatly gotten up book, good white paper, 451 pages; but the merits of the book lie in its practical and concise arrangement. Chemistry is a branch of medical science that students are slow to pick up; in fact they are inclined to shirk it. This book of Prof. Lloyd's makes the study of chemistry easy for medical students, for it is not burdened with useless matter, or matter of a character remote from the interests of the medical student and practitioner. The second edition is now ready, and we notice a great improvement in the cuts, printing and paper. We can furnish this book at the regular price: Cloth, \$2 75; leather, \$3 25.



**MISCELLANEOUS PARAGRAPHS.****Massachusetts Eclectic Medical Society.**

The twenty-first annual meeting of the Massachusetts Eclectic Medical Society convened at the Revere House, June 2d and 3d.

The meeting was called to order at 10:30 a. m., by the president, John Perrins, M. D., of Boston Highlands.

The nominating committee reported the following named gentlemen for officers for the ensuing year, and upon proceeding to ballot they were duly elected: President, Nathaniel Jewett, M. D., of Ashburnham; vice-president, J. D. Young, M. D., of Lawrence; corresponding secretary, J. P. Bills, M. D., of Pocasset; recording secretary, A. L. Chase, M. D., of Randolph; treasurer, J. W. Towne, M. D., of Charlestown; librarian, S. C. Ames, M. D., of Boston; councillors, Drs. Spencer, Gerald, Lloyd, Jackson and Merrell.

The president appointed Drs. Miles and Gerald to introduce the president elect, who, after being welcomed to the office assumed the duties of his office.

The committee upon delegates to the National Eclectic Medical Association reported the following delegates who were elected: Drs. N. Jewett, M. Green, A. Jewett, H. G. Newton, C. Lloyd, E. E. Spencer, C. E. Miles, and A. J. Marston.

The annual dinner was excellent. Dr. Milbrey Green presided as anniversary chairman. Rev. George Converse officiated as chaplain.

After an hour passed at the dinner and in social intercourse, the members were called to order by the anniversary chairman, and after a few introductory remarks, the following gentlemen were called upon and responded to the various sentiments offered: "The Orator of the Day," Dr. E. E. Spencer; "Our Retiring Officers," Dr. John Perrins; "The Massachusetts Eclectic Medical Society," Dr. Nathaniel Jewett; "The Church," Rev. George Converse; "Our Sister Societies," Dr. Alexander Wilder; "The Medical Profession," Dr. C. E. Miles; "The Press," S. T. Cobb of the *Boston Home Journal*.

The executive committee met at 4:45 p. m., June 3d, the president, N. Jewett, M. D., in the chair.

Voted, That the next annual and semi-annual meetings of this society be held in Boston.

Voted, That John Perrins, M. D., of Boston, be the orator at the next annual meeting.

Voted, That E. E. Spencer, M. D., be anniversary chairman for the ensuing year.

Voted, That the anniversary committee consist of Drs. Milbrey Green, Joseph Jackson and G. H. Merckell.

Voted, That the anniversary committee be the committee of arrangements for the next semi-annual meeting of the society.

Voted, That Drs. Joseph Jackson and S. C. Ames be the auditing committee for the ensuing year.

Voted, That Drs. Gerald and Chase be the committee on essayists for the ensuing year.

Voted, That the publication committee consist of Drs. Miles, Green, Gerald and Chase, for the ensuing year.

Voted, That three hundred copies of the annual publication be issued.

Voted, That the librarian be instructed to furnish each member entitled to the same, three copies of the annual publication, twenty-five copies to the orator, and twenty copies to the recording secretary.

The following physicians were appointed delegates to the several State Eclectic Medical Societies: Maine, Drs. J. B. M. Dickens and R. B. Carswell. New Hampshire, Drs. R. W. Geddes and A. J. Marston. Vermont, Drs. A. Jewett and Wm. Wyman. Connecticut, Drs. H. D. West and H. W. Buxton. New York, Drs. J. S. Andrews and C. Lloyd. Ohio, Drs. Milbrey Green and F. L. Gerald.

Voted, To adjourn *sine die*.

A. L. CHASE, Secretary.

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**Berberis Aquifolium, Oleic Iodoform and Oleate of Bismuth in Leucorrhœa.**—By A. J. ROE, M. D., Taylorsville, Ill.

*Berberis aquifolium* is said to be tonic, alterative and diuretic. That it does possess these properties, no one that has had any experience with it will deny.

At this time I wish more especially to call the attention of the profession to the value of *berberis aquifolium*, as a remedy in female weakness, so called. I am well satisfied from the good results I have obtained from this remedy, that it is the remedy, *par excellence*, in these cases. *Berberis*, alone and unassisted by any other remedy or local application, will relieve and generally cure vaginal leucorrhœa, not dependent upon or kept up by mechanical causes. I am well aware that this is a broad assertion, and will be taken *cum grano salis* by the majority of professional men, but I make the assertion nevertheless, and am well satisfied that a careful trial of this valuable remedy will convince any fair-minded person that I have not over-estimated its value in these cases.

As a matter of course we should first ascertain whether the discharge arises from mechanical causes or not, before we can expect a cure from the use of this or any other remedy.

When there is simply a leucorrhœal discharge, the patient being otherwise in good health, I usually order one ounce of the fluid extract of *berberis aquifolium* to be added to three ounces of the syrup of tolu, and let the patient take a teaspoonful three times a day before meals. No local application of any kind need be used. The following combination has given me excellent results in all cases of leucorrhœa, amenorrhœa, dysmenorrhœa, and as a general uterine tonic and "female regulator:"  $\mathcal{R}$  Ext. *berberis aquifolii* fluidi,  $\mathfrak{z}$  j; ext. *viburni prunifolii* fluidi,  $\mathfrak{z}$  ss; tr. *pulsatillæ*,  $\mathfrak{z}$  j; syr. tolu, q. s. ad.  $\mathfrak{z}$  iv. M. S. Teaspoonful three times a day before meals, in water. This combination will be found to give good results, not only in the troubles above mentioned, but in all cases where there has been much trouble from irregularities of any kind.

The best local applications I have ever used in ulceration of the os, hypertrophy, etc., are oleic iodoform, and the oleate of bismuth. Oleic iodoform is prepared by dissolving 20 grains of iodoform in one ounce of oleic acid. The oleate of bismuth is prepared as follows: Add one part by weight of sub. nitrate of bismuth to eight fluid parts of oleic acid, mix well and let it stand for two hours, then heat until all seems to be dissolved; when cool, add an equal quantity of cosmoline. Both these remedies should be applied by means of absorbent cotton. It is a well known fact to every physician that the treatment of these female complaints is not at all sat-

isfactory, and any remedy exerting a specific action in these cases will be gladly welcomed by every progressive physician.

I will give a few cases that have been cured by this method of treatment after all the usual remedies had failed to produce any benefit whatever :

Mrs. H. M., living seven miles northwest of this place, has been troubled for about twelve years as follows : Constant and irritating leucorrhœa, pain in the side and back, coming on a few days before her menstrual period ; pain and burning in the top of the head. Greatly prolonged and painful menstruation. Patient has had no children since the continuance of these difficulties, although her menses have appeared regularly. She has received treatment from several physicians of all schools, but with little or no benefit. I put her upon the above combinations together with the local application of the oleate of bismuth, with the result a complete cure of all her troubles in about six weeks.

Mrs. C., residing three miles west of here, had been troubled with persistent leucorrhœa, almost constant pain in the back and left side, with great loss of flesh and strength. She had been treated by several good physicians, and had tried many remedies, but all to no purpose ; the discharge still continued and the patient looked as if she might be in the last stages of consumption. She was put upon the above combination and no other treatment, and in the short time of two months was completely relieved of all her difficulties. This patient was shortly afterwards caught in a cyclone and carried by the wind some eighty yards, breaking her arm and otherwise injuring her, her two children being both instantly killed. Shortly after this, the leucorrhœa returned as bad as ever, but after taking the berberis aquifolium a few weeks it ceased, and she has had no return of her former troubles.

Miss S., a servant girl, applied to me for relief of the following symptoms : Prolonged menstruation, with considerable pain, emaciation, cough, night sweats and general debility. I prescribed forty drops of the oil of tar dissolved in two drachms of alcohol and enough strained honey to make four ounces, and ordered the patient to take a teaspoonful night and morning. Also to take the berberis combination as above, three times a day in water, before meals. The result in this case was truly surprising ; all the symptoms abated

under the use of four ounces of the above mixtures, and the patient now enjoys the best of health, no more of her former troubles remaining.

Many other cases treated by this method could be given if necessary, but they would only be a repetition of those already given, and therefore of no particular interest.

I sincerely trust that the profession will give this remedy a fair trial in these cases, feeling well satisfied that they will be well pleased with its action, and agree with me that in berberis aquifolium we have a remedy well worthy of the name of "female regulator" and "uterine tonic."—*Therapeutic Gazette.*

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**Biliary Calculi.**—By J. W. BARBITT, M. D.

In the June number, Dr. J. S. Smith asks for a reliable remedy for biliary calculi. I. J. M. Goss, M. D., gives him an uncertain reply, with questions, etc. Let me inform them that I have suffered from the presence of gall-stones as persons seldom suffer. For fifteen weeks, almost every day one or more calculi passed, and consequently the pain and anguish was every day increased to that extent that the inhalation of chloroform appeared to me to be the only thing to keep body and soul together. Chloroform gave only temporary relief. Have inhaled it over a hundred times. Used every remedy of the materia medica that promised any relief, as prescribed by our most learned and experienced doctors, but without relief from any of them. Finally, upon advice of Dr. Pitchers, of Detroit, took the then new remedy, which relieved me of over one hundred crystallized globes as large as a marrowfat pea at one evacuation. I have since treated more than a score of sufferers with the best results and to the satisfaction of all concerned. Remedy: Sweet olive oil, six to eight ounces. First empty the stomach by emetic or by fasting (the latter way preferable). Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the duodenum recline upon the left side, with the hips elevated higher than the shoulders. The oil will find its way down the ductus communis and reach the enemy in their castle, to wit, the gall-bladder. Every calculi will be lubricated and slide out of the fount and through the

intestines. Now, to be certain the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. Nothing more need be done. I recommend the foregoing treatment with the utmost confidence. I have experimented extensively upon cholesterine, but have never discovered a solvent that could be safely introduced into the stomach. Our supposition that the occasional use of the oil, as above, the cholesterine will not crystallize in the human system.—*Medical Brief.*

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### **Cider Preservative.**

About a year ago I analyzed a sample of a cider preservative that was being sold here at the rate of \$2 per ounce; it was simply salicylic acid. It has been extensively used here, and samples of cider that have been kept for from six months to a year still have the peculiar flavor of sweet cider, and are sweet cider.

One ounce is sufficient for a barrel of 32 gallons. Put the acid in the sweet cider and mix well, then bung up; it will not ferment. For the preservation of sweet cider salicylic acid is far superior to bisulphite of lime.—*Am. Jour. of Pharmacy.*

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### **Treatment of Cervical Endometritis.**—By CHAS. C. CONWAY, M.D.

In this troublesome complaint the use of salicylic acid, applied in the following mode, will often prove of great value :

Mix salicylic acid and vaseline (or cosmoline) to the consistence of a thick paste; apply it liberally over a small sponge tent, about an inch long, and insert it into the cervical canal, after having removed the tenacious mucus from the canal. Let the tent remain about twelve hours. The application should be repeated twice a week until the inflammation has subsided, which will not usually require many applications.

If there is an abrasion or granular degeneration around the external os, also apply the dry salicylic acid to the part. The pledget of cotton wool, saturated in glycerine, should be placed over the whole.

If there is cervical hyperplasia, instead of using the dry acid, paint the cervix over with the compound tincture of iodoform, as recom-

mended to be prepared in the *Medical Brief* for March, 1879, as follows: R iodoform, grs. xv; iodide potass; glycerine, aa ʒ ij; alcohol, ʒ vj.

M. Rub up the iodoform and iodide of potassium to the consistency of a fine powder; then add the glycerine, and rub up to the consistency of cream; then add alcohol, and stir briskly until it is dissolved.—*Va. Medical Monthly*.

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### **The Southwestern Eclectic Medical Association of Kansas.**

WITCHITA, Kansas, May 17, 1881.

Society met at Dr. Owen's office for temporary organization. Dr. Owens was called to the chair and Dr. Kernodle, secretary.

Motion that we assemble as the Southwestern Kansas Eclectic Medical Association and proceed to permanent organization.

Officers elected on organization: Dr. Owens, Wichita, president; Dr. S. N. Kessler, Medicine Lodge, first vice-president; Dr. Rolph, Bell Plain, second vice-president; Dr. H. G. Kernodle, Marion Center, secretary.

Executive committee consist of Dr. Rolph, Dr. Dean and Dr. Kessler.

Motion that we be governed by the by-laws of our state society for the ensuing year. Carried. After which we had an address by Dr. Rolph on eclecticism; also, short and pithy talks from others present. After transacting other business with committees, etc., we adjourned to meet at Newton on the 27th and 30th of November, 1881, where we hope to have a reunion of all the eclectic physicians from Central, Western and Southwestern Kansas. We extend a general invitation to all liberal physicians.

H. G. KERNODLE, M.D., Secretary.

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### **Sore Nipples.**

R. Aquæ rosæ, Glycerine, 2 ʒ; Acidi tannici, 2 ʒ; Ft. lotion. Sig. Soak lint in this solution and apply to nipples.—DR. BARKER.

If the ulcerative process has commenced it is advisable to stop nursing and paint the nipple with a solution of nitrate of silver, 10 grains to the ounce of distilled water.—*Peoria Medical Monthly*.

**Viburnum Prunifolium in Abortion.**

The *North Carolina Medical Journal*, December, 1879, publishes, with the hope of strengthening the growing confidence of the profession in the efficacy of this remedy, some cases in which viburnum prunifolium was used to prevent abortion. Viburnum belongs to the neurotic class of medicines which Headland defines as "passing from the blood to the nerves, or nerve centres, and acting by contact with the nerve, and are general or special in their effect."

It is suggested as a possible cause of this different effect, that there "may be a chemical or mechanical difference in the structure of the nerves."

Dr. Pareira thinks "they act as ganglionics, and effect that part of the system supplied by the sympathetic nerve. Ergot is the opposite of viburnum in its influence on the special nerves of the uterus—the former acting as a stimulant, the latter as a sedative. The action of the uterus under chloroform shows that it is controlled by both reflex and ganglionic nerves, and that it is only the operation of the former which is suspended whilst the latter goes on uninterruptedly, and labor proceeds as regularly as though the process depended exclusively on the ganglionic nerves. Respiration and digestion are not appreciably influenced by viburnum.

**Infantile Colic—Vomiting in Pregnancy.**

In the last number of the *Brief*, Dr. S. H. Price asks, "Will some of the readers of the *Brief* give their best treatment for colic in the infant under two months old, colic coming on every evening or night." My experience with the following is that it gives almost instant relief, and affects a permanent cure in colic:

B. Tinct. assafoetida, 15 drops; tinct. cinnaomomi,  $\frac{1}{2}$  ounce; sod. carb., 1 drachm; syr. rhei. aromat. 3 drachms; aqua, 1  $\frac{1}{2}$  ounces.  
M. Sig.: Teaspoonful every three hours.

In the doctor's case a half teaspoonful every three hours I think would be sufficient. I have usually found but little benefit to arise in the above cases from opiates; but to do harm in locking up the system and checking natural secretions of the same.

I would advise Dr. S. Steward to try suppositories of ergotine for his case of prolapsus. I think he will relieve them.



In answer to Dr. J. M. Eaton's question as to the remedy for "vomiting in pregnancy," I would ask the doctor as well as the many readers of the *Brief* to try cauterization of the os uteri. Introduce a cylinder speculum and cauterize freely with stick argent. nit. This has succeeded beyond all expectation in several bad cases, and I would like to hear of greater experience with it, as it is much more pleasant than medicine to a stomach all out of a natural condition, rejecting almost everything swallowed; besides, the relief from the cauterization is immediate. Will not some of the more scientific readers of the *Brief* give the *modus operandi* of the remedy.

I am an earnest reader of the *Brief* and hope your subscription list will continue to increase so as to enable you to give us another increase in its size.—W. R. ALEXANDER, M. D., in *Medical Brief*.

Parkersburg, W. Va.

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#### **Grindelia Robusta in Asthma.**

There have recently appeared some very strong endorsements of this drug as a most valuable agent in asthma. In a paper read before the King's County Medical Society, Dr. T. M. Rochester said that he had used the drug in over sixty cases of asthma. In all of these it produced relief. Sometimes this was permanent; very often it lasted for a long time. It always did some good. It seemed to act equally well in inflammatory and simple spasmodic asthma. Even in cardiac asthma, combined with other drugs, the best results were obtained. It is useful both in the attack and during the interval to ward off future attacks, but especially for the latter purpose. For the attacks, half drachm doses of the fluid extract are to be given every fifteen minutes until relief is obtained. In the interval it may be given in fifteen or twenty drop doses every four or six hours. This should be continued for from a week to ten days, when, except in very obstinate cases, the patient will experience relief for a period of six or eight months, or longer.

In addition to this testimony, we find in the *Therapeutic Gazette* a report on the use of the drug at the United States Marine Hospital at Portland, Me. Dr. Berry, acting assistant surgeon, says that the remedy was found very efficient in relieving attacks of asthma.

**Maltine.**

I can recommend maltine as vastly superior to other preparations of a similar kind. My attention was first directed to it by Lenox Browne, F. P. C. S., Senior Surgeon Central Throat and Ear Hospital, London, at a time when my health was in such a precarious condition that many of the most eminent men in England advised a change of climate as the last resort. By using it for a short period I was enabled to resume hospital work, and spent some time longer both in London and Paris without serious inconvenience. I returned to this country entirely restored. I consider maltine the most important constructive agent known to the pulmonary phthisis, increasing weight and strength much more rapidly than cod liver oil or other nutritive agents, upon which we have been accustomed to rely. I use it and its combinations extensively, both in private and dispensary practice for such cases, and always with the most encouraging results.—J. P. F. JENKINS; M. D., C. M., W. C. P. S., etc., in *London Lancet*.

Montreal, Quebec, Dec. 28, 1880.

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**Muriate of Apomorphia as an Expectorant for Children.**

Korrmann (*Pharm. Cent.*, No. 53, 1880) has employed this drug extensively in bronchial catarrhs and the capillary bronchitis of children, and now strongly recommends its use in all diseases of the kind. The dry cough of some such affections rapidly yields, and most rales soon appear. In catarrhal pneumonia he has had equally good results with apomorphia. The salt is given in combination with a few drops of hydrochloric acid and ordinary syrup, in hourly doses. Children one year old get one-sixtieth of a grain, those three years of age one-thirtieth. At ten years he gives one-tenth, and at fifteen one-sixth of a grain.—*Allg. med.-cent. Zeit.*, January 19, 1881.

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**Treatment for Rheumatism.**

With your permission I would like to call the attention of my professional brethren to the use of the fl. ext. of manaca in the treatment of rheumatism, both acute and chronic. I have used this drug in the treatment in a number of cases and have never failed to

give prompt relief. I prescribe it in ten drop doses three times a day before meals, for three or four days, then increase the dose to twenty drops. This I continue for three or four days. After all symptoms leave under this treatment, the pains and swelling subside rapidly. I never find it necessary to administer any remedy for the reduction of the fever.—K. R. CUTLER, M. D., in *Medical Brief*.

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#### **Vomiting in Pregnancy.**

Dr. W. H. Mourning, of Basco, Ill., requests the best cure for vomiting in pregnancy. Let him try wine of ipecac, in three drop doses in a little cold water, once an hour. Use it for one or two days if found necessary. I have used it for the last three years and have never known it to fail to give relief within two days.—G. W. SANFORD, M. D., in *Medical Brief*.

Tariffville, Conn.

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#### **For Sale.**

A good location for a physician, one who is a graduate of an eclectic college preferred. A good home, containing five good rooms; good stable for four horses, and all the necessary conveniences outside; four lots, each 50 by 175 feet; a practice of \$2,500 to \$3,000 a year, nearly all good pay; can be secured by an enterprising man. Fine country round about town in the county, two churches, a good school; twenty-five miles east of Springfield, Ill. Reasons for selling, wish to travel for wife's health. Terms cash; cheap, \$1,200. J. B. Matthew, M. D., Mount Auburn, Christian county, Ill. P. O. box, 116.

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**Art. XXXVII.—Rhus Aromatica.**—By W. F. CURRYER, M. D.

THORNTOWN, IND., May 25, 1881.

J. T. McClannahan, M.D., Boonville, Mo.

DEAR DOCTOR :—You have my thanks for your prompt reply to my recent letter.

In one of my letters, written last September, I told you I was testing the rhus aromatica in a chronic case of incontinence, and promised to report the result. I might have reported sooner, but I desired to see if the seeming radical cure would prove permanent. As over six months have passed since the patient pronounced himself cured, and as I see him almost daily, and he often salutes me with, "Well, doc., I am all right yet," I guess I can report the case.

CASE 1.—Joseph W., aged 76 years, had had enuresis for a number of years; had been treated by several physicians, of all schools, with only temporary relief at times. When he came to me the old gentleman was so bad that he hesitated to walk out on the street for fear he would be seized with a desire to micturate, which was so sudden and urgent that if he was not near some screen or alley-way he would be compelled to soil his clothing.

He being a feeble old man, I began with small doses. I use the tincture, prepared as you directed, from the package you sent me. R tr. rhus arom. gtt. iii, every three hours. He reported in two days no better. I then directed gtt. v, every four hours. After taking it two or three days he came to me much discouraged, and said he was no better. I then directed gtt. x, four times a day, and he began to improve at once, and in four weeks pronounced

himself cured and quit taking the medicine, contrary to my advice. Up to this time he has remained cured. Considering his advanced age and his other severe afflictions and the number of years he had had enuresis, I consider that the now famous "Mosuri Stink Bush" did its duty nobly for this old man. I might add that he had been for years past afflicted with chronic diarrhoea, and that while taking the *rhus. arom.* he was very greatly relieved of this trouble also, and says he is not troubled with the diarrhoea but very little since. While I am about it I will relate another case or two.

CASE 2.—T. LaR., aged 66 years. Incontinence, with severe pain in the region of the bladder before micturation. Had to void his urine about every three hours, day and night. When micturating, the urine passed in a small, dribbling stream. He also complained of a sense of weight in the pelvic cavity, with a soreness and tension along the course of the spermatic cords. I gave him *tr. rhus aromatica*, gtt. x, three times a day and gtt. xv, on going to bed. This case improved from the first, but more slowly than the case given above. He has discontinued the remedy, and says he can now sleep all night without having to empty his bladder.

CASE 3.—Mrs. W., aged 21. This case I did not see. Her mother gave me a history of the case and the leading symptoms best she could, and I concluded the indications said *rhus arom.* and gave her a two-ounce vial of the tincture. The lady had been taking treatment from a lady physician, who was treating her for some uterine trouble. She sent back for more *rhus aromatica* and said that little bottle of medicine had done her more good than all the treatment she had paid \$120 for. She got the third prescription from me, and I have heard nothing from her for a long time.

CASE 4.—Rev. F. M. C., aged 46. Was discharged from the U. S. service in 1862 on account of throat and kidney trouble. Had been under the care of numerous physicians since and visited several hydropath institutions; also visited springs and spent several years in the southern mountains. An examination of his urine revealed nothing abnormal. He complained of soreness in the region of the kidneys, with tensive, dragging sensation in the region of the bladder and course of the spermatic cords. I gave him *tr. rhus aromatica* gtt. v, every three hours for a few days and then gtt. x, four times a day. He has been using it only about ten days and is improving nicely.

**CASE 5.**—During the month of March, last, I had a case of typhoid fever. While convalescing the patient complained of weakness in the pelvic cavity. Every ligament and muscle seemed to be relaxed and feeble; his urine was passed with difficulty, in a dribbling way; soreness about the kidneys. I put him on *rhus aromatica* and he improved promptly and is getting along nicely.

The foregoing is an epitome of some of my experience in the use of the remedy and leads me to appreciate it very highly. I am now preparing a quantity of tincture and shall prescribe it with confidence in all cases where it is indicated. You will observe that in all of the above cases I have used the drug uncombined. I prefer to give a single remedy when it will fill the indications, and, besides, I was looking to the individual effects of *rhus aromatica*. Wishing you much success, I am, fraternally yours,

W. F. CURRYER.

P. S. I would further add the following:

Dr. J. M. Boyd (Thorntown, Ind.), a retired physician, had never felt any symptoms of kidney or bladder trouble until about a year ago, when he noticed a too frequent call to micturate and had to leave his bed at night to void urine and experienced an urgent call on arising in the morning. After voiding his urine he felt a fullness, as though the bladder was not completely emptied. He had heard of the *rhus aromatica* and asked me my opinion. I handed him a circular from Parke, Davis & Co., and after reading it he decided to give the remedy a trial and I gave him an ounce vial of the tincture. After using it for only two weeks he felt no more inconvenience and says he is fully convinced that it has valuable medicinal qualities. Dr. Boyd is an old practitioner of this place, having practiced for over thirty years in this community, has now retired and is cashier of the First National Bank here.

W. F. C.

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**Art. XXXVIII.**—*The Warm Springs of Arkansas.*—By J. W. DALTON, M. D.

**DR. PITZER.**—As we seem to live in an age of Medical Springs, I, too, would like to have something to say in regard to the spring "boom." Now, it is well known that within the last sixteen months

that Eureka Springs has created a great deal of excitement in the curative properties of its waters. That it is greatly exaggerated we all believe, but, "where there is so much smoke there must be some fire," is, no doubt, in this instance, true.

The springs that I wish to have my say about are now known as the *Warm Springs*. They are situated in the northeast corner of the state of Arkansas, in the county of Randolph, one mile from the state line between Missouri and Arkansas, thirty miles from O'Kean on the St. L. & I. M. R. R., and eighteen miles north of Pocahontas, the county seat of Randolph county. They are also six miles from the beautiful little river of Elevenpoints, which, by the way, is one of the prettiest in the state. The springs are situated in a narrow valley, which varies in width from one hundred to three hundred yards, and is about four miles long. There is a beautiful little creek that traverses the full length of the valley, which abounds in many kinds of fish; in all, making the situation of the springs a very desirable one. The country surrounding the springs is rough and mountainous, presenting, in many places, grand and romantic scenery. The mountains are composed of lime, sand and flint rocks, many of the rocks rearing their bald peaks some hundreds of feet high.

Now about the springs themselves: On first noticing them you will be struck at the number that arise from the clean lime-stone rock; they number fully seventy-five, of which there are about thirty walled up with nice clean rock. They are surrounded with large oak trees which serve as splendid shades. They cover an area of about 250 feet square, and several of them have nice summer houses over them, which are connected with gravel walks. The springs are near the large hotel which has lately been finished and are very easy of access. Now, I could present you with numbers of cases that have come under my own observation that have been cured, but as it looks too much like the patent medicine business, I will not do it. I will enclose you the analysis of the water as made by Wright & Merrell. Will also state some of the diseases which the waters have been known to benefit and cure, viz.: Dyspepsia, rheumatism, dropsy, diabetes, scrofula, sore eyes, and most all kinds of skin diseases, as well as general debility. It has a marked influence on the reproductive system. The water acts as a

strong diuretic, mild cathartic, and a splendid tonic. Will present you references that have visited the springs: Ex-Gov. Wm. Miller, Little Rock, Ark.; Hon. Geo. Thornburg, of Powhatan, Ark.; P. Van Patten, M. D., Wittsburg, Ark.; Dr. U. J. Watkins, Walnut Ridge, Ark. Some of the above named gentlemen are at the springs at present.

If any one who reads this should desire to make a visit to these springs, they should come via O'Kean, Ark., on the I. M. & S. R.R., thence by stage to Pocahontas, where they will change stages for the springs. Can make the trip in one day from the railroad. Cost on stage, \$3; cost of board at the springs, from \$2 to \$8 per week. Good bath-house in connection with the springs, where one can get hot, cold or shower baths, as they may desire.

The following is an analysis of the water of the Warm Springs:

ST. LOUIS, June 6, 1881.

J. W. DALTON, M. D.—After a careful analysis of a sample of water from Warm Springs, No. 1, we find specific gravity 1.010. Temperature 60.2 deg., re-action acids.

	GRAINS.
Total solids per gallon.....	18.13
Carbonate of lime.....	6.51
"    iron.....	.78
"    magnesia.....	1.54
"    lithia.....	.27
Chloride of sodium.....	1.57
"    potassium.....	1.42
"    magnesia.....	1.21
Sulphate of lime.....	.81
"    silica.....	1.09
"    alumina.....	0.49
Organic and volatile matter.....	1.84
Iodine.....	a trace.

GASES

	CU. IN. PER GAL.
Carbonic acid.....	161.5
Atmospheric air.....	21.1

WRIGHT & MERREL.



**Art. XXXIX.—Eucalyptol.**—By C. SANDER, M. D.

The very elegant researches and investigations eucalyptol was recently put to by prominent members of the profession, have demonstrated to all sufficiency the high value of that therapeutical agent, and the reports published with reference to these researches in several medical periodicals, could not fail to give rise to general attention. Among those professing to interest themselves in that preparation, there are some who lay claim to tests they maintain to have made prior to the researches above mentioned. The opinions thus expressed, must materially interfere with the endorsements given in reference to the wide range of usefulness of eucalyptol; because, as stated already on another occasion, there was no *ol. euc. e foliis* (eucalyptol) obtainable before the recent introduction of it into the drug trade of the United States was carried out by the sole manufacturing firm, Sander & Sons, of Sandhurst, Australia. Therefore, these opinions can only refer to the terebinthinous preparation found in the trade, in use chiefly for mechanical purposes, styled oil of eucalyptus, and easily discernable by its resinous remains and sticky adhesions; besides, it will not readily dissolve in alcohol, the most reliable sign of recognition.

Others, again, are led astray through the neglect some writers commit, in omitting to denote the particular manufacture they use in their investigations, and open in that way the lead to compromise and disappointments.

To pay such attention as I have done to a particular preparation, of course more than common inducement must have been offered. The authenticity brought forward with reference to the virtues of eucalyptol, has been incontestably demonstrated by illustrations of cures of the most grave nature. The most important among them is that of a boy, age seven years; wounded accidentally on a knee by the slipping of an ax. The procured medical aid proved unsuccessful, and after an elapse of nine weeks the determination, in view of the undermined and worn-out constitution of the patient, was arrived at, that the injured limb had to be amputated, or further strain on the system would before long exclude that last resort for remedy. On this extreme stage the eucalyptol was used with the happiest results.

It is evident that in this case the three attending physicians left nothing untried to avert the last extremity, and so it must surprise that they could not be prevailed upon to report the facts thus revealed, for the benefit of the profession. But here we witness again the example where deceived consideration of selfish interests does not allow to subject to better conviction for the general progress of science. The manufacturer, however, indemnified himself by publishing the facts in full. Attestation from the City Council of Sandhurst and the United States Consul of Melbourne proves the identity of the case as well as the standing of the attending doctors, and the position of the physician in charge of the case, Dr. MacGillioray, formerly resident surgeon of the district hospital at Sandhurst and, as the time, president of the medical association of Victoria, answers for the prompt discharge of duties, though with unsatisfactory results.

That the antiseptics now in use will, to a great extent, experience an overthrow through eucalyptol in the practice of surgery, is only a question of time. The preferences of that preparation are too striking to be ignored, except the eyes be willfully closed to all truth.

Besides the detailed reports just referred to, there were private communications from Mosler, M. D., professor, etc., of the university at Greifswald, to a relation of mine at hand, which speak in the highest terms of the product in question. Since Mosler has authorized the manufacturer to refer to his name in commendation of eucalyptol.

The certificates thus brought forward in favor of eucalyptol concluded with an acknowledgement of the Italian government, transmitted to the manufacturer through the intermediation of the Italian Consul at Melbourne. The reserved attitude observed by all the monarchical governments of Europe makes it extremely difficult to elicit a declaration of any kind; so it appears that but quite surprising recollections could have worked that evinced exception of established rule, and it is to be regretted that we are without any particulars as to its motives.

Other commendations in favor of eucalyptol have since appeared in different journals, among which I refer the reader to the paragraphs published as follows, viz.: Erysipelas, *eucalyptus globulus* (American Medical Journal, January, 1881, p. 34); Scirrhus of Breast, ex-

cision, eucalyptol as an antiseptic (St. Louis Clinical Record, August, 1880, p. 137); Hypertrophy of both mammary glands (adenoma) necessitating amputation (St. Louis Medical Brief, December, 1880, p. 533); eucalyptol in albuminuria (St. Louis Clinical Record, February, 1881); eucalyptol, Leonard's (Illustrated Medical Journal, Detroit, April, 1881); eucalyptol, editorial (St. Louis Clinical Record, April, 1881). In the last mentioned editorial notice we read: "Eucalyptol has also proved itself to be a mild and effective anti-clenorrhagic (in the form of emulsion)." In that respect the agent in question is but little tried or known, details failing. The editor, Dr. Hazard, professor, etc., will, I hope, through a full report make good these shortcomings ere long.

The cases and facts stated in the alleged articles prove a combination of antiseptic, antiphlogistic and diuretic qualities possessed by eucalyptol, which exercise a most astonishing power in carrying off all the miasms infecting the system in diseases of the zymotic class. We may attribute this power as well to direct anti-putrid action as to evaporating from the skin. At any rate we cannot account for it in any other way. It is evident that by thus simplifying the treatment and reaching the primary cause without complicated medication, grave sequelæ may be averted, such as anasarca and ascites after scarletina, etc. This forms for the physician a point of greatest importance, releasing him of much disturbing uncertainty. Besides, the small and lengthened doses, five to ten drops twice daily, required for effectual action without any other but beneficial influence on the whole system, allow alternate medication that may suggest itself.

Dillon, Iowa, June, 1881.

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**Art. XL.—Indifference on Uterine Diseases.** — By S. S. STAUFER, M. D., Philadelphia, Pa.

When a large portion of my advertising contract in this journal had been expended without a single call for an instrument, I did apply to the editor for its reason.

He knew my style of writings in other journals and that it was not my custom to overrate even my own instruments. He proposed that I should write on them for the JOURNAL.

An article appeared in March number on "Speculum and Specu-

lum Examinations," illustrating the fact that the vaginal portion of the uterus can be seen as plain, probed and treated, as if located externally, and that it required no expert to clear it up, but being possible by even the slightly experienced with these examining instruments. Yet up to date, July 18th, but one speculum that I could trace to this journal was called for.

In May number appeared an article on the uterine supporters. This was very short, yet I had been too ill at the time to write more, and while observing the indifference on the examining instruments, in the common interest all the way up from the suffering patients to the editor himself, as I shall continue no advertisement that does not pay, I made the feeble effort.

The result had been very satisfactory, and especially in one case, gratifying reports had been already received. The calls for catalogues have been numerous, showing that the readers of this journal will take an interest in this class of sufferers, when they can obtain the essential instruction tending to a successful treatment in a condensed form, as my circular form catalogue now gives already, which will be largely increased by the journal form, and will be also mailed to all correspondents as soon as ready.

There is no department in medicine as remunerative and tending to the prosperity of a physician equal to the common ailment of women. The material is almost everywhere and at all seasons, and in abundance and easy to obtain, since slighted and neglected by this indifference.

To relieve the suffering patient from her protracted and lingering illness and restore the family to comforts, rights and privileges, tells on the accomplishment of a medical practitioner equally, if not more, favorably than any capital clinical operation.

This indifference is not without reason, among which are the adverse teachings even in the same school or creed of medicine. One party condemning the mechanical support of the uterus without respect of modern improvements. Another, though using and experimenting with such as not adaptable to the parts, and subsequently became indifferent of such that will do the work.

Under such controversy and agitation the aged woman is left to suffer, linger and let down in the grave with procidentia. Although after she retired at night replaced the organ with the tip of her

finger, yet when rising on her feet the medical profession failed almost invariably to furnish a contrivance to hold it prior to this series of instruments.

*Retroversion.*—The most sorrowful of all uterine displacements, unless it be inversion. We find Thomas (ed. 5, p. 438), among unfavorable diagnosis says: "Where the vagina is attached to the cervix so near the external as that no pessary can rest posterior to the cervix to sustain the uterus after it is replaced."

Such doctrine from even so high an authority, appears almost or quite as lame as the failure to hold a procidentia, a third degree of Thomas.

The uterus is said to admit of replacing even in this condition, but cannot be held on account of the short cervix. What other science outside of the medical would stop at such an insignificant obstacle and not employ another base to support from?

The strangest part in gynæcology is that this indifference prevails so universally in large cities. The family physician seldom fully surveys the loss he sustains to let this class of sufferers go to clinics and fall outside of the recognized profession. State laws have not *quite*, extinct irregularities as yet.

The argument that the ordinary practitioner has not time enough to read over the large volumes on gynæcology is very true. It is difficult to determine who is responsible to let humanity suffer on this account.

In the earlier period, when I began to design and construct this now popular series of instruments without any regard of labor or cost, my intentions had been also to moderate or bridge over this difficulty, and have read near all the works in the English language (Clarke an exception which will be taken up next), in addition to full twenty years experience, I am prepared to furnish the most simple instruction.

I will propose to the subscribers of the American Medical JOURNAL, that I will sell them one or more speculums and receive them back at cost when they desire a full case, or if they do not render satisfaction within one year of purchase and carefully returned the money will be refunded.

A uterine supporter selected as per direction of catalogue with the exchange privilege, my assistance and advice, and if we fail to

succeed also inside of one year and the hard rubber part or parts only returned! I refund all the cost except \$1 25 if on belt Z, or \$2 25 less if on belt Y, satin. The latter is the cheapest of all abdominal supporters and retained by the patient under this contract.

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### ABSTRACTS.

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#### **Locomotor Ataxia Differentiated from Functional Conditions which Simulate it.—By A. D. ROCKWELL, A. M., M. D.**

The astonishing affirmations concerning the curability of spinal sclerosis that were current in German literature a few years ago, are far from being confirmed by later experience. The groupings of symptoms of many of the cases reported in no way indicated grave lesion of the cord. In cases of recovery, of which quite a number have occurred in my own practice, it may be asserted that serious structural changes in the cord did not exist. The distinction might very properly be made that they were cases of ataxia, but not of posterior spinal sclerosis. In consideration of this evident fact, the following interesting and important question is suggested: In cases presenting symptoms commonly supposed to be pathognomonic of posterior spinal sclerosis, is it possible to differentiate between structural and functional phenomena? If improvement up to a certain point follows and then permanently ceases, it is very probable that we have a case of locomotor ataxia, with spinal sclerosis as the cause. If, however, the case be one of simple ataxia, simulating posterior sclerosis, it becomes evident by progressive improvement up to complete recovery. These occasional recoveries, in what at first sight seemed desperate cases, have led me to study with some care the various symptoms presented, in an endeavor to differentiate between organic and functional cases of locomotor ataxia.

Case 1. Mr. C., æt. 43; 1876. The prominent symptoms were marked impairment of the power of co-ordination in walking, anæsthesia of the fingers and toes, inability to quickly touch with the finger any given point, as the nose or ear, decreased tactile sensibility, severe neuralgic pains in the legs, sexual power greatly impaired, increase of electro-muscular contractility, decrease in the rapidity of the transmission of sensation, inability to detect slight differences of weight, and absence of iridial reflex. Tendon reflex

not tested. There was no sense of constriction around the abdomen. Treatment by general faradization and central galvanization resulted in very decided alleviation of pain, but in no very decided improvement. Four years later the patient died.

Case 2. Mr. L., æt. 36; Feb. 1879, with well-marked inco-ordination of movement, dating back some eight months. About a year before he had suffered much from insomnia, and had been treated for cerebral hyperæmia, but the insomnia continued. In addition to these symptoms, my examination revealed the fact that his sexual power was much impaired, and that he suffered considerably from anæsthesia and aching and sometimes darting pains, not only in the limbs but in various parts of the body. He could, on the contrary, easily touch any point on the face or forehead, however rapid his movement might be, and with normal accuracy could distinguish between differences in weight. The iridial and tendon reflexes were both normally present. This patient quite rapidly improved under the combined influence of general faradization and central galvanization up to complete recovery. [14 cases in all are given, and the writer continues.]

Of the foregoing 14 cases, 11 proved incurable, although in most of them more or less alleviation of symptoms followed treatment. In analyzing the whole number, we find that inco-ordination of movement, pain, and loss or impairment of sexual power were present in all. Anæsthesia was a symptom of all the incurable and of two out of three curable cases. *Inability to touch a given point on the face by a rapid movement of the hand prevailed in all the incurable, but in none of the curable cases.* Impaired tactile sensibility was present in seven of the incurable, but in none of the curable cases. Impairment or absolute loss of sexual power prevailed throughout the whole number. Electro-muscular contractility was increased in five of the incurable cases; normal in the remainder, curable and incurable. Sensation of constriction around the abdomen was noted in but four of the incurable and in one of the curable cases. The rapidity with which sensation was transmitted was impaired in six of the incurable cases, but normal in all the rest. Inability to distinguish between slight differences in weight was observed in six of the incurable cases only. The iridial reflex was abolished in eight, and the tendon reflex in ten of the incurable

cases, but both were readily elicited in the three curable cases. Cases similar to my last three have not infrequently been confounded with posterior spinal sclerosis, but it would seem to be no very difficult matter to distinguish between the manifestations of this grave disease and the functional manifestations which so closely simulate it. As inability to readily touch a given point on the face by rapid movement is so uniformly observed in posterior spinal sclerosis, and is seldom if ever found in cases simulating the same, it may be regarded as one of the most, if not the most, valuable accessory diagnostic sign.

Abolition of the tendon reflex and absence of the iridial reflex are also most important symptoms, since in curable cases these phenomena are seldom, if ever, wanting. Inco-ordination of movement is perhaps the only symptom, subsequent to the full development of disease, which may not occasionally be absolutely wanting. Unfortunately, however, for its value as a single diagnostic symptom, it is the one symptom through which functional has been so readily mistaken for organic disease. Pains of a fulgurating character generally precede ataxic symptoms, but not always, and for months and even years the patient may be quite free from more than transient and vague pains. In more cases, in which certain of the above-mentioned prominent symptoms co-exist, posterior spinal sclerosis, in its pre-ataxic stage, may be predicted with some certainty, in many, and perhaps the majority of instances, such predictions are as likely as not to be unfulfilled. In the second stage, however, or after the appearance of ataxic symptoms, it is not very difficult to distinguish between structural and functional causes.

As regards the electro-therapeutics of this disease (it affords quicker and more permanent relief than other methods), I am led by an experience much larger than is indicated by the cases here specially collated, to insist upon thoroughness of treatment. General faradization will accomplish much more than local applications of either current, and in many, and perhaps the majority of cases of posterior spinal sclerosis will be followed by more or less alleviation. In the not very infrequent and persistent condition simulating sclerosis it acts rapidly and effectively.—*N. Y. Medical Journal*, May.



**The Easy Administration of Medicines.**—By G. F. MEESER, M. D., Philadelphia, Pa.

The "easy administration of medicine" is a subject requiring the careful and thoughtful attention of physicians, as well as of interest for the convenience and pleasure of the patient. The advancement of homœopathy in certain sections of the country has depended, to a great extent, upon the easy and pleasant doses administered by followers of that school. The elegant pharmaceutical preparations compounded by the tasty and skilled chemist and pharmacist have done much to rob the physician's prescription of its terror and render the medicine palatable to the delicate patient.

Very recently, a new and important class of medicines has been introduced by the ingenious and enterprising house of Messrs. William R. Warner & Co., of this city, denominated "Parvules." They bear evidence of exquisite taste and skill, and I have seen nothing of late which seems to supply a necessity so perfectly as they do.

The list of "parvules" prepared and kept in stock by this house comprises thirty-eight varieties. These "parvules" are, for the most part, composed of simple substances in minute globular form, less in size than granules, and are sold in small vials suitable for pocket cases. They are convenient, portable, and easy of administration. The giving of small doses at short intervals, say every hour instead of every two or three hours or three times a day, produces a more salutary effect.

The question of the ready solubility of these "parvules" claimed my attention, and this I proved to my perfect satisfaction by placing those containing camphor, etc., in the mouth and then observing the effect.

I have seen nothing to please me more than these ready prepared doses. I can give four parvules of aloin, each containing one-tenth grain, at bed time or at any time throughout the day, and get the full purgative effect desired without nausea or pain. I give these one at a dose, three times daily, or occasionally, for habitual constipation, with the utmost benefit. When liver troubles also occur, I give parvules of podophyllin, each containing one-fortieth grain, in a similar manner. Two parvules of calomel, each containing one-twentieth grain, given every hour for five doses, produces bilious evacuations equal to ten grains of calomel as ordinarily administered.

These doses are in no sense homœopathic when given by this rule: One every hour, two every two hours, or three every three hours. To illustrate the fact that these are allopathic, let us take a parvule of morphia, one-fiftieth grain, and give one every hour. This would equal about one-half grain during the twenty-four hours. The various medicated waters which are now so liberally patronized for their aperient effect, etc., I believe are harmful, because they disturb digestion by diluting the gastric juices and reduce the temperature of the stomach. Parvules of aloin, one-tenth grain each, or of podophyllin, one-fortieth grain each, would replace the use of such waters most advantageously.—[*Va. Med. Monthly*.]

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**A Case of Paralysis of Various Bulbar Nerves—Beneficial Effects of Galvanism—ERR.**

J. R., æt. 48, laborer, was first affected in June, 1871, with pain in the arms and shoulders and stiffness of the lips so that he could no longer hold his pipe, and in eating was often compelled to thrust the food back into his mouth. Parietal headache, scintillations before the eyes, and frequent diplopia were observed. In about three weeks pain in the nape ensued, his head became heavy and sank forward. Increase of the difficulty in chewing and swallowing. In autumn, 1871, severe pains in the legs, especially the right, began, with feebleness in the arms and legs. Buzzing of the ears occurred, and in October such severe vertigo began that the patient was compelled to remain in bed. Speech became feeble and hoarse, the tongue became heavy so that it could not be well protruded, frequent increased flow of saliva. The lids sank frequently. Sleep was disturbed by buzzing and pain and night sweats. Constipation, tenesmus vesicæ, and burning upon micturition. Patient had never been syphilitic. Examination showed slight difficulty of speech with feeble voice. Pupils normal, movements of the eye normal, no ptosis. Hearing lost on the left side, diminished on the right. Upper branches of the facial nerve normal, muscles around the mouth are moved with great difficulty. Sensibility of the face and taste normal. The tongue cannot be protruded, is coated, and shows fibrillary tremor. Velum palatinum and uvula move upon phonation. The reflex action from the velum is diminished.

Gluttony is difficult as is chewing of firm substances. Pain in the right arm. On the left side only in the fingers. The power of the right arm is diminished. The legs tire soon and pains ensue upon exertion. No tottering with closed eyes. Sensibility of the trunk and extremities normal. A polypus was seen in the left ear. Both acoustic nerves were found upon electric examination to be hyperesthetic. The buzzing ceased during the application of the anode, and was produced by the kathode. The patient was treated with the constant current through the head and to the sympathetic, as well as by the application of the anode to the ear. In a few days the condition was much improved, and after fifty-two applications he was discharged cured, with exception of the buzzing and hyperesthesia of the acoustici — *Archiv de Psychistrie, B. IX, 2.*

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**Croup Treated by Passing Catheter into the Trachea by the Mouth.**  
—By J. WILSON PATON, M. D.

H. J., æt. three years and ten months, had measles, the rash appearing Feb. 15, 1881. On the disappearance of the rash, a hard cough supervened, which gradually increased in severity till March 1st. I found him suffering from intense dyspnoea. quite unable to speak, and lips of a dark livid color. Cough was constant, brassy, and without expectoration. Respiration thirty-five per minute, cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. Fauces healthy. Pulse 144, very weak. Having a No. 11 prostatic catheter, I determined to pass it into the trachea instead of performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea, during an attempted inspiration, and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple, and the eyes staring with fully dilated pupils. The paroxysmal efforts to expel the tube being unsuccessful, a pretty full inspiration, partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody, and purulent mucus were ejected by the tube and the mouth; the livid color disappeared, and he lay down breathing easily through the tube. The presence of the tube did not prevent

his swallowing milk, although sometimes a little of this was ejected from it during a cough. The tube was retained *in situ* by a strip of plaster; and the teeth were prevented from closing on it by means of a pear shaped piece of hard wood. Six hours afterwards, he was much easier. Cough continued at intervals of ten minutes, and did not seem altered by the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion being passed both by tube and mouth. Hitherto he had been kept in a warm room; but now a bronchitis kettle maintained a moist temperature of 70°. Tube was removed without inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after symptoms of obstruction gradually reappeared. During the same evening, another ordinary gum elastic catheter No. 12 was introduced, only a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours, the respirations and pulse became lower, and crepitation and dyspnoea ceased. When the tube had been in for forty-eight and a half hours, it was removed, and not again introduced. March 8, voice and chest sounds normal. This case would soon have ended fatally. Tracheotomy seemed inadmissible. The introduction of a tube into the trachea of a child is extremely easy and simple, and does not take more than two or three seconds.—*Brit. Med. Journ.*

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**Traumatic Tetanus Treated with Calabar Bean.**—By C. CLARK BURMAN, L. R. C. P.

September 8th, last, boy, æt. 11, had received injury to his foot whilst driving a reaping machine. Found an extensive lacerated wound of the left heel; a large flap of skin and subcutaneous tissue was reflected over the os calcis, laying bare the posterior and part of the inferior surface of that bone, but not injuring its periosteum. The tendo Achillis was laid bare for about two inches from its insertion to the os calcis. A considerable portion of the flap was missing upon its inner side, and its only connection to the sole of the foot was by a narrow strip of skin, not more than half an inch in width. After cleansing the wound I replaced the flap, and retained it in position by means of sutures; but, as I feared would be the result,

the upper and outer part sloughed—due, no doubt, to the small vascular supply through the narrow neck connecting it to the uninjured skin. Otherwise the wound was progressing favorably. At first, cold water dressings were used, but so soon as sloughing took place, carbolic acid lotion was substituted. The 19th he complained of stiffness of the jaws and difficulty in mastication, which on the following day had developed into well-marked trismus, the sternomastoid muscles upon each side being in a condition of tonic spasm. The risus sardonicus was distinct; the teeth could be separated only about half an inch; no general convulsions, however, had been noticed; there was great nervous excitability and slight epigastric pain. The pulse was 120 and hard. Prescribed chloral hydrate and belladonna in full doses, kept the room darkened and quiet, ordered him milk and strong beef tea, with small but frequent quantities of port wine. An enema of castor oil and turpentine was administered. The 21st the first convulsion appeared, which was neither severe nor of long duration. The pulse was still rapid and hard, but accompanied with very little feverishness. The wound was doing well, the slough separating nicely. During the two following days his condition was much the same, a general spasm occurring upon any sudden start or exertion, such as moving to have the wound dressed, etc. To relieve pains that he experienced along the upper part of his spine, he was laid upon his abdomen, with a pillow under his breast, and in this position he remained until convalescent. Ice not being readily obtainable, I ordered india-rubber bags, filled with cold water (frequently changed) to be kept constantly applied to the lower cervical and upper dorsal regions. Considerable difficulty now began to be experienced in swallowing the chloral and belladonna mixture, almost every attempt producing a convulsion, in which the body assumed the characteristic arched position, and all the muscles became quite rigid. He was able, however, to take considerable quantities of milk, also wine well diluted. I now administered morphia hypodermically, but the nervous excitability had now reached such a pitch that even to do this produced a convulsion. The jaws being now almost completely closed, and the difficulty and danger of administering remedies had become so much increased, that I obtained gelatine lamels, containing one-sixtieth of a grain of extract of Calabar bean in each; and 29th, pre-

scribed one every four hours, continuing the stimulants and as much milk and beef-tea as could be taken. The lamels were slipped in between the teeth and allowed to dissolve in the mouth. On Sunday, the 3rd October, decided symptoms of improvement showed themselves. His progress towards recovery has been steady and uninterrupted.—[*Lancet*, April.

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**Eclampsia Treated With Tr. Veratrum Viride.**—By C. L. DUNN, M.D.

CASE.—Mary W., mulatto, aet. 22, small and rather delicate, was seized with labor pains October 23, and after eight hours was delivered of a female child, alive and very well developed. The placenta came away without difficulty, and all went well for about three hours after delivery, when convulsions occurred, the first of about a half hour's duration, the second about forty-five minutes, and the third about forty minutes.

The writer arrived about one hour previous to the fourth seizure; found the patient sleeping, but she was easily aroused, and conversed intelligently; complained of her tongue, which was badly lacerated. Pulse 110, full, and temp. 103° in buccal cavity. We at once administered tinct. verat. viride, gtt. xx; adopted means to prevent further injury to the tongue. In about twenty-five minutes after administering the veratrum, the fourth seizure occurred, lasting forty minutes. Hitherto the time between the convulsions was about one hour and three-quarters.

I ordered the veratrum to be repeated in doses of gtt. xx, every hour until emesis was produced, and left, after making the gravest prognosis. 4 p. m. During past eight hours patient had four convulsions, the last one of only twenty-five minutes' duration, and lighter than any previous one. Pulse 55, temp. 102.5°. The ninth seizure occurred during our visit and lasted twenty minutes. Patient complained of pain in the lower part of the abdomen; used catheter and drew off eight ounces of highly-colored, offensive urine. On making digital examination per vaginum, discovered a blood-clot partially protruding from the cervix. This was removed, and the vagina syringed out with warm carbolized water.

October 25, 9 a. m. Patient slept some during the night. Bowels were evacuated involuntarily during last convulsion, which lasted

fifteen minutes. Only five seizures occurred during past twelve hours, and all lighter than the first. The veratrum had been used according to directions, no nausea or vomiting being produced—pulse 50, temp.  $102^{\circ}$ . Patient asked for something to eat; ordered a few spoonfuls of fresh milk at intervals. Patient complained for first time of pain in the head. Applied cups and drew two ounces of blood from temples. With the exception of using carbolized water injections, and the proceeding already mentioned, the patient had no treatment except Norwood's tinct. veratrum viride every hour, in twenty-drop doses, for five consecutive days and nights. There was no nausea or vomiting; the pulse ranged as low as 45, the temp.  $102^{\circ}$  to  $102^{\circ}$ , until the sixth day, when it fell to  $101.5^{\circ}$ . The seizure ceased entirely on the evening of the fifth day, and the patient made a good recovery. The child died of trismus on the ninth day.—*Cincin. Lancet and Clinic*, April 2.

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#### **Locomotor Ataxia—Diagnostic Points.**

Dr. A. Rockwell read a paper on this subject before the Medical Society of the county of New York, April 25, 1881, detailing fourteen cases. Of these, eleven proved incurable, although in most of them more or less alleviation of symptoms followed treatment. The last three patients recovered. In analysing the whole number, we find that inco-ordination of movement, pain, and loss or impairment of sexual power were present in all. Anæsthesia was a symptom of all the incurable, and of two out of the three curable cases. *Inability to touch a given point on the face (as the nose or ear) by a rapid movement of the hand prevailed in all the incurable, but in none of the curable cases.* Impaired tactile sensibility was present in seven of the incurable, but in none of the curable cases. Impairment or absolute loss of sexual power prevailed throughout the whole number. Electro-muscular contractility was increased in five of the incurable cases; normal in the remainder, curable and incurable. Sensation of constriction around the abdomen was noted in but four of the incurable and in one of the curable cases. The rapidity with which sensation was transmitted was impaired in six of the incurable cases, but normal in all the rest. Inability to distinguish between slight differences in weight was observed in six of the incurable cases

only. The iridal reflex was abolished in eight, and the tendon reflex in ten of the incurable cases, but both were readily elicited in the three curable cases. We cannot, manifestly, depend on any one symptom, and perhaps not on any single grouping of symptoms. Although, in the enumeration here given, it will be observed that inability to touch a given point on the face was characteristic of all the grave cases, and absent in all the curable ones, yet there may be cases involving only the lower part of the cord, in which this symptom does not appear throughout the course of the disease. This limitation, however, I believe to be exceedingly rare. In the second stage of locomotor ataxia, anæsthesia of the tips of the fingers, together with inaccuracy of touch, almost invariably exists, showing disease of the upper portion of the cord. As, therefore, this inability to readily touch a given point on the face by rapid movement is so uniformly observed in posterior spinal sclerosis, and is seldom if ever found in cases simulating the same, it may be regarded as one of the most, if not the most valuable accessory diagnostic sign.

Abolition of the tendon reflex and absence of the iridal reflex are also most important symptoms, since in curable cases these phenomena are seldom if ever wanting. On the contrary, neither impaired sexual strength nor the sense of abdominal constriction is of much value, because they are so common to other conditions; nor should I be inclined to attach great importance to ocular troubles, except in conjunction with more important symptoms. Inco-ordination of movement is perhaps the only symptom, subsequent to the full development of the disease, which may not occasionally be absolutely wanting. The lightning-like pains generally precede ataxic symptoms, but not always, being substituted by transient and vague pains.—[*N. Y. Med. Jour.* May.

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### Treatment of Cerebro-Spinal Meningitis.

Dr. Frances Delafield (*Clin. News*) says that as we do not know how to act upon the general disease, we are confined to treatment of the local lesions. At the very commencement, the meningitis should be combated with local blood letting and cold. Blood should be taken by means of leeches or wet cups, from the temples, the nape of the neck or upper part of the spine. This should be



employed only in persons who are strong and robust, and at the beginning of the disease. Cold should be applied continuously by means of ice-bags to the head and back of the neck—this during the first week of the disease.

To modify the headache, restlessness and delirium, bromide of potassium, either alone in thirty-grain doses, or combined with chloral, hyoscyamus, musk or tincture of castor. The two latter agents in hysterical subjects.

He thinks quinine is not indicated in this disease. If the temperature is to be reduced, he prefers cold effusions, tepid baths or the cold pack. Quinine does not reduce the temperature in meningitis.

In children blood-letting is never indicated. The indications for treatment are the same as in adults, as above given.—*St. Louis Clin. Record*, April.

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#### Intestinal Occlusion—Electricity.

Boudet de Paris (*Progres Med.*) gives two cases of intestinal obstruction successfully treated by electricity. In the first place, the patient, aged fifteen, had just recovered from an attack of peritonitis, when she was suddenly seized with all the symptoms of obstruction, due, probably, to the entanglement of a loop among the freshly-formed adhesions. The usual means having failed to give relief, the faradic current persistently applied externally was tried, but without any result. The patient was in a very critical condition, bringing up everything that was given her by the stomach. During the next forty hours the continuous current was applied about every three hours for half to one hour at a time; the negative pole was in the rectum, and with the positive the abdominal walls were dabbed so as to produce interruptions. During these applications the intestines were noticed to be the seat of lively muscular contractions, and eventually desire of going to stool was experienced. At last an evacuation was obtained, and from this moment convalescence was established. In the second case the author had to do with fecal accumulation due to habitual constipation from deficiency of muscular power. Electricity, in the shape of internal galvanization as above, and abdominal faradization, was resorted to as a last resource. The result was most gratifying. From the first,

intestinal contractions were obtained, and on repetition large quantities of excreta were expelled. The author remarks that he has collected fourteen other cases where electricity has proved useful in obstruction. He shows that the superiority of the galvanic current, where paralysis of the intestine exists, is due to the fact that it stimulates much more powerfully the unstrained muscular fibres. The interruptions must be slow, because the contractions of these fibres are not sudden but gradual. Care must be taken not to electrolyze the rectum by using a moderate current. The author used from eight to fourteen Leclanche's.—*Canada Four. Med. Science*, March.

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### Midwifery Under Listerism.

Dr. J. Lucas Championniere has had (*Nouveau Journal de Medicine*) in his hospital service, taking all obstetrical operations into consideration, as slight a mortality as that of natural labors, which he claims is due to his obedience to the precepts of Listerism. His results are due, he believes, to fully carrying out the following precepts:

First. A lying-in woman has her genitalia washed with a pretty strong solution of carbolic acid, and if her labor is long-lasting a compress wet with a feeble solution of carbolic acid should be placed on her vulva.

Secondly. No student is allowed to examine a woman unless he has washed his hands in a feebly carbolized solution, after which his fingers must be oiled with a one to ten carbolized oil.

Third. After her lying-in the vulva should be washed with a strong solution of carbolic, and a thick linen cloth steeped in a feeble solution of carbolic acid and renewed every day; no vaginal injections should be used.

Fourth. In case of assisted labors, where by the use of the hand or instrument germs might be introduced, an abundantly strong carbolize vaginal injection should be made.

In his opinion, this injection, caustic though it be, causes temporary stinging, but has no permanent or dangerous results.

No subsequent injections should be made, but compresses steeped in carbolic acid should be placed upon the vulva.

Such is the simple injection which is given to all females, even

though they may flood; and its first effect is the almost complete suppression of foetid lochia. By the use of this treatment convalescence is rapid, and complications are rare.—*Chicago Med. Rev.* March 20.

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#### **Tetanus—Bromidia.**

Dr. Wallace, Ark., writes:—I wish to say a few words in regard to the value of bromidia as an antispasmodic, especially in traumatic tetanus. I have recently treated one severe case of well defined tetanus, resulting from patient (a lad, age sixteen years) having accidentally run a large, rusty nail entirely through the left foot.

When called, some three hours after the occurrence, I found the patient in convulsions, in short, exhibiting every symptom of tetanus, including the locked jaws, etc.

I ordered the following:—*R.* Bromidia, 2 drachms; chl. hydrate, 20 grains; morph. sulph., 1 grain; aq. dist., add.,  $\frac{1}{2}$  ounce. *M. Sig.:* Inject thirty drops hypodermically every fifteen minutes until relieved. Wrap the wounded foot in linen towel, thoroughly saturated with carbolized ice water.

The third injection relieved the spasms entirely. I then directed the nurse to give thirty drops of the above mixture each hour until six doses had been given. Called on the following day and found the patient sitting up by the fire; had passed the night well, sleeping soundly and naturally. I ordered wound to be dressed with carbolized oil, and without any further treatment the patient made a good recovery. I have of late been in the habit of prescribing bromidia in all of those cases where I formerly ordered the bromides, preparations of opium, cannab. ind., and other narcotics, and it has never failed to meet every indication that those drugs are supposed to meet, and what is of paramount importance, without locking the secretions and producing those debilitating conditions of the system which the other drugs almost invariably produce. As a refreshing and sure hypnotic it has no equal. In coughs it is simply the remedy par excellence.—*Med. Brief*, April.

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#### **Diabetes Insipidus—Galvanization of the Medulla.**

Dr. Althaus (*Med. Times and Gaz.*) gives the following notes of a case of diabetes insipidus treated with galvanization of the medulla,

with the result of affording relief. A gentleman, aged thirty-seven, single, had spent many years in the tropics, and suffered from persistent diarrhoea, which nothing would arrest. This ultimately brought on a state of complete cerebral exhaustion. The most troublesome symptom from which he suffered was polyuria, which was so bad as to exclude him altogether from society. When in company he could hardly sit still for a quarter of an hour without experiencing a most pressing desire to empty his bladder. The average daily quantity of urine amounted to ninety ounces, but often much more. It was feebly acid, of low specific gravity, and contained no sugar or albumen, nor any excess of urea. The application of galvanism lasted six minutes, and was entirely painless. The patient returned a week afterwards. The quantity of urine had fallen to thirty ounces, and he was obliged to pass it but three times a day. As the patient has not been seen since, it cannot be known whether the relief has been permanent.—*N. Y. Med. Jour.*, March.

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#### **Apocynum Cannabinum in Dropsy.**

Dr. J. S. Dabney, from an experience of three years, places apocynum cannabinum far above all other hydragogues, especially in Bright's disease, in almost every instance of which marked diminution of albumen and casts occurred, and in some instances every trace of both disappeared.

He employs a tincture prepared from the fresh root grown in Mississippi. The action on the heart is similar to that of digitalis. He thinks it acts as a diuretic by blood pressure. The following advantages are claimed for it :

First. The small quantity necessary to produce free diuresis, emesis, or catharsis.

Second. Its pleasant, aromatic taste.

Third. Its fine tonic properties, which compensate for the depression consequent on free catharsis.

Fourth. Its harmlessness—an overdose being speedily followed by free emesis.

With this remedy at command he conscientiously believes paracentesis to be, in most cases, unnecessary.—*Maryland Med. Jour.*, April 15.

**Vascular Tumors—Electrolysis.**

Electrolysis in the treatment of vascular tumors is highly lauded by Dr. A. Nieder, especially on the lids. In *Knapp's Archives* (March, 1881,) he quotes from illustrative cases. In two of them a tumor consisting of large veins exerted such a pressure on the upper eyelid that the eye could not be opened. In all instances a complete cure was effected without any untoward symptoms. He employed from four to six cells (model of Spamer), with a key to connect or interrupt immediately. The needles may be of steel, although a platinum needle is preferable for the positive electrode, to prevent oxidation and permanent staining of the punctured spot. Both needles are introduced into the tumor, and left in place for the space of one to three minutes, whereupon the site of the negative pole is charged according to the size of the growth. The bubbles of hydrogen arising at the negative needle may disturb the tissues, but are harmless; moreover, they are readily dispelled by pressure. At each sitting a few punctures, not over five or six, were made, while the number of sittings varies according to the size and location of the angioma. The immediate effect is hardening and shrinkage from coagulation of the blood. Some suppuration occurred in all instances but one, which resulted in loss of substance or formation of unexpected cicatrization. Antiseptic after-treatment was maintained.—*Chicago Med. Rev.*, April 5.

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**Treatment of Vaginitis by a New Method.**

M. Terrillon adopts a treatment apparently with marked success. The substance employed is a pomade of three parts of starch, three of vaseline, and one of tannin. This makes a thick, dough-like mass, which is introduced into the vagina by means of a special instrument resembling a small cylindrical speculum fitted with a piston; as this instrument is of small diameter (10 cm.) and bevelled at the end, it may be introduced without pain, even when the vaginitis is very narrow, and it permits of the application of the remedy at any point in the vagina. 15 to 25 grammes of the pomade are left in the vagina, and as it is of tolerably firm consistence no tampon is required to keep it in place. It does not dissolve rapidly, and portions of it may be found in the vagina even four-

teen days afterwards; neither does it become hard. The result is very striking. In a day or two the vaginal discharge diminishes, and sometimes even entirely ceases, the vaginal wall remaining red and congested, but quite dry and rough to the touch. The number of applications varies with the intensity of the attack. Treatment is begun at once, even while the vaginitis is acute; it is painless; and it commends itself to patients by the fact that examination and the application of the remedy are made so seldom. Twenty cases are given, in which the success of this mode of treatment is shown.—*Bull. Gen. de Therap.*, 15th March, 1881. *Glasgow Med. Journal*, April.

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### Cough Mixtures.

I desire to show my appreciation of the additional practical feature which this department will furnish in the *Gazette* by submitting several prescriptions which experience has demonstrated to be valuable. I do not suppose that it is intended that contributors shall confine themselves to new remedies in their prescriptions.

Physicians, sometimes from ignorance and sometimes from carelessness, write prescriptions in violation of all the rules of grammar, English as well as Latin (I do it myself not infrequently), and I read with much interest and hope the definite rules submitted in your last by Prof. Mulheron on the subject, rules by studying which, all, even without the advantage of a classical education, may learn to write a correct prescription. I trust, Messrs. Editors, that you will exercise your prerogative and make all contributed prescriptions conform to these rules.

The following is a valuable combination in coughs, meeting as it does the indication in cough due to peripheral irritation and central irritability, and not attended with expectoration (dry cough):  
**R.** Acidi bromhydrici, ʒ vj.; morphinæ sulphatis grs. iij; ext. grindelidæ robustæ fluidi; ext. yerbæ santæ fluidi aa. ʒ j; syrupi ipecacuanhæ qs. ad. ʒ jv. **M.** Sig.—A teaspoonful every three hours.

When there is profuse expectoration the following: **R.** Ammonii muriatis ʒ ij; aquæ qs. ad. solve; tr. opii camphoratæ; ext. yerbæ santæ fluidi aa. ʒ ss; syrupi senegæ; ext. glycyrrhizæ fluidi aa. ʒ j; glycerinæ qs. ad. ʒ vj. **M.** Sig.—A tablespoonful every three hours.—*R. in Therapeutic Gazette.*

**Treatment of Tetanus by Calabar Bean.**

Following an injury of the occipital region, a girl, æt.  $3\frac{1}{2}$ , was seized the same evening with severe tetanic spasms. Dr. Silbermann, after trying the hot bath and hydrate chloral, gave a subcutaneous injection containing 2 centigrammes of extract calabar bean. After two injections the spasms of the lower limbs disappeared. Two more injections caused the trismus and contraction of the muscles of the neck to cease. Respirations numbered 60 in the minute. Next day one gram of the following was injected: Ext. calabar bean, 20 ctgr.; distilled water, 10 gr. M. The last symptoms of the tetanus disappeared, the respirations returned to the normal, and recovery took place without further accident.

In another child of four years, seized with tetanus after a burn, injections of the extract of calabar bean caused the spasms to disappear. The patient succumbed, nevertheless, to a cardiac affection, which the author considered to be a paralysis of the muscles of the heart.—*Glasgow Med. Jour.*, April. [See *Med. Abs.* p. 163.]

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**Rhus Aromatica.**

On reading the remarks of Dr. F. T. McClanahan on rhus aromatica and its use in diabetes, I resolved to give it a trial if a proper case presented itself in my practice. Accordingly, on April 4, 1880, the case wished for arrived. Case—Geo. B., æt. 40 years, unmarried; urine loaded with sugar; on applying Trommers' test, specific gravity  $1030^{\circ}$ ; pale and cadaverous looking. Also, in addition to the diabetic condition, was troubled with a constant dribbling of urine, which rendered him most miserable. Gave him fluid ext. rhus aromatica in the following prescription: *R.* Rhus aromatica,  $\mathfrak{z}$  j; glycerine,  $\mathfrak{z}$  iij. *M.* Sig.—Teaspoonful four times a day.

He began to mend at once, and now, on the 11th of December, is as well as he ever was in his life. He can do a good day's work, whereas he could not work at all when he came under my charge. I am convinced that in rhus aromatica we have one of the remedies that is very efficacious in the diseases for which it is recommended.

—DR. E. W. M'CORD, in *Therapeutic Gazette*.

ROCK RAPIDS, IOWA.

## EDITORIAL.

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THE AMERICAN MEDICAL JOURNAL.—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*, and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

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### President Garfield and His Wounds.

The following is a brief account of the tragedy, with the surgical treatment for the first few days:

President Garfield, while in the act of walking in the depot at Washington, D. C., was shot at 9:20 A.M., July 2d. The ball entered the right side, about four inches from the median line of the spine, and on a level with the tenth intercostal space, penetrating the body. This wound was the result of the second shot, the first shot having merely penetrated the left side of the President's traveling coat. The would-be assassin was, at the time of firing the shot, six feet behind his victim, and to the right. The weapon was a large-sized revolver, known as the English bulldog, and carrying a No. 42 conical ball, which is equal in size to that used in the ordinary navy pistol. At the time of firing, the assassin rested his pistol on his right forearm, the muzzle being inclined slightly downward.

After the first shot was fired the president turned toward the left, and almost immediately after the second shot sank forward on his knees. He was at once raised from his position, when he vomited.

Within five minutes after the shooting Dr. Smith Townsend was in attendance. He is reported to have said: "I found the president, when I arrived at the Baltimore and Potomac depot, about five minutes after the shooting occurred, in a vomiting and fainting condition. From the pulse at the wrist I thought he was dying. I had his head lowered, and administered aromatic spirits of ammo-



nia and brandy to revive him. This had the desired effect, and the president, regaining consciousness, was asked where he felt the most pain. He replied, 'In the right leg and foot.' I asked him the character of his pains, and he said that it was 'a prickling sensation.'

"He rallied considerably, and I proceeded to examine his wounds. I found that the last bullet had entered his back about two and a half inches to the right of the vertebræ. I introduced my finger into the bullet wound; some hemorrhage followed. After examination of the wound, the president looked up and asked me what I thought of it. I answered that I did not consider it serious. He continued, 'I thank you, doctor, but I am a dead man.'"

Drs. D. W. Bliss and Dr. Purvis arrived soon after. The former gentleman then took formal charge of the case. Surgeon J. J. Woodward, of the army, called, when a consultation was held, with the result of removing the patient to the White House. This was done after a repetition of the stimulants. When the ambulance arrived at the White House, shortly after 10 A.M., the patient was suffering from shock, and complained of pain and tingling in both legs and both feet. An hypodermic injection of morphine was administered (one-eighth of a grain) and stimulants were continued.

In the course of the next four hours the president's condition was critical and fears of internal hemorrhage were entertained. No examination of the wound was considered warrantable. The nausea and vomiting which had been troublesome during this period became more so at 3 p. m., and what was previously a partial reaction became a condition of relapsed shock, indicating internal hemorrhage. A consultation was held at this time by the attending physician, Dr. Bliss, with Surgeon-General Barnes, U. S. Army, Surgeon-General Philip S. Wales, U. S. Navy, Surgeons J. J. Woodward and Norris, U. S. Army, and Drs. Robert Reyburn, Townsend, Patterson, Purvis, and Lincoln, of Washington. It was then concluded that the patient was not in a condition to allow any attempt at finding the course of the ball; stimulants were continued, and also morphine in sufficient amount to control the distressing pain and tingling in the lower extremities. An examination of the region of the liver revealed an increased area of dullness extending parallel to the lower margin of the organ and two inches below the free border of the ribs. The margin of dullness was lost in the mass of fat posteriorly.

A careful examination of the chest revealed nothing abnormal save a comparatively slight want of expansion of the right side on inspiration. This was in all probability caused by the pain from the wound. The pulse was 102, temperature 96° F. The urine had been voided during the morning, was free from blood, and was healthy in appearance.

At 4:30 p. m. the patient was comparatively easy, and was under the influence of morphine.

In the evening, at 7 o'clock, another consultation was held. Reaction had then taken place, and an examination of the wound was determined upon. The point of entrance was, as previously stated, nearly four inches from the spine, in the tenth intercostal space. The margins of the orifice were sharply defined, and there was no grazing of the skin in any direction; showing that the missile must have entered at right angles with the surface. The hole itself was small as compared with the size of the ball, being barely large enough to admit the introduction of the little finger.

An examination of the wound was made by Drs. Bliss and Wales. The latter was able to insert his little finger to its full length between the tenth and eleventh ribs, and in a direction forward, downward, and slightly inward. It was his opinion, from the feel of the parts, that the ball had penetrated the substance of the liver and had passed through it into the abdominal cavity. In confirmation of this view there was, after the examination, a venous hemorrhage from the wound, estimated to be equal to half a pint in quantity. It was also discovered during the examination that the lower margin of the tenth rib had been struck and fractured. The existence of the painful sensations in the lower extremities gave rise to the suspicion that the spine had been injured, but such could not be confirmed by the direction the ball was supposed to have taken.

10:20 P. M.—Reaction was fairly established, pulse and temperature normal. The stomach was irritable and there was considerable nausea. Constant complaint was made of pains in the lower extremities. The patient having retention of urine, probably as the result of the administration of morphine, was relieved by the catheter.

The diet was milk and lime-water, together with cracked ice.

After passing a comparatively comfortable night, the pulse was found at 6 a. m. of Sunday, July 3d, to be 116; respirations, 18; and temperature normal. During this day the patient remained quite easy, being still under the influence of morphine, and complaining only occasionally of the tingling sensations in the feet. The pulse ranged from 108 to 114 and temperature remained normal until 10:30 p. m., when the former rose to 120, the temperature to 100° F., and the respirations to 20 per minute. There was complaint of increased pain in the feet, and the patient was nauseated and restless. Some tympanites began to show itself at this time. In the course of the next two hours, shortly after midnight of Sunday, the pulse was reduced to 112, temperature to 99.8° F., and respirations to 20 per minute. The pain in the feet also became less marked.

On Sunday afternoon Dr. Frank H. Hamilton, of New York, and

Dr. D. Hayes Agnew, of Philadelphia, were called in consultation, and arrived on the morning of July 4th.

A consultation was held July 4th, 7 a. m., at which were present Drs. D. W. Bliss, J. K. Barnes, J. J. Woodward and Robert Reyburn, of Washington; Dr. Frank H. Hamilton, of New York; and Dr. D. Hayes Agnew, of Philadelphia. The pulse was then 108, temperature 99.4° F., respirations 19. There was some tympanites present, but there was no pain on pressure nor rigidity of the abdominal walls. It was concluded that the tympanitic condition was in a great measure due to the morphine taken, as was also the more or less persistent nausea. Up to this time the patient had been taking by hypodermic injection a quarter of a grain of morphine every eight hours. An examination of the wound confirmed the diagnosis of Dr. Bliss and previous consultants as to the general direction of the missile, but no positive conclusions were arrived at as to the position of the ball or the extent of injury it had inflicted. It was discovered, however, that in addition to the other injuries there was a splintering of the upper margin of the eleventh rib. The general impression appeared to be that the ball had perforated the lower margin of the right lobe of the liver, and had escaped into the abdominal cavity.

No evidence of its probable location could be made out. The area of dulness around the liver had not increased since first noticed, and there was but slight tenderness on pressure over the part. There had been no movement of the bowels since the injury, but during the consultation the patient had occasional desires in that direction. It was concluded best to allow Nature to take her course in this matter, and no medication was advised to assist her. The patient was perfectly rational, and conversed with Prof. Hamilton on matters unconnected with the shooting. The wound itself looked well, and showed no undue amount of inflammatory action. The result of the consultation was a general endorsement of the treatment pursued, with a recommendation to decrease the dose of morphine from one-quarter to one-eighth of a grain every eight hours. The particular reason for this being that the pains in the feet had disappeared, and in a general way there was no further reason for the use of the drug in such doses. It was also agreed to give the nourishment more frequently and in small quantity.

At 12.30 P. M., July 4th, there was but little change in the condition of the president. Slight pain in the feet was complained of, and there was occasional and slight vomiting. The pulse was 110, temperature 100° F., and respirations 24.

5.15 P. M.—A small quantity of chicken broth was taken and retained.

7.35 P. M.—Pain in the feet still present to a slight degree. Tympanites more noticeable. Pulse 126, temperature 101.9°, and respiration 24.

10 P. M.—No vomiting for past two hours. Pulse 124, temperature 101° F., and respirations 24. At midnight the temperature and pulse had fallen, and he was sleeping quietly. During the evening he had a full and natural evacuation from the bowels.

July 5th, 8:30 a. m.—The patient passed a comfortable night. No vomiting since last evening at 8 o'clock. Less tympanites and no abdominal tenderness except in the hepatic region. Pulse 114, temperature 100.5° F., and respirations 24. Only one-half a grain of morphine had been administered during the previous twenty-four hours.

At 4:15 p. m. the pulse had fallen to 104, and the patient was resting quietly. 8:30 p. m., pulse was 106, temperature 100.9° F., and respirations 24.

July 6th.—The patient passed a comfortable day, and his general condition remains favorable. Thus, at the time of going to press, the outlook of the case is reasonably promising, although, for obvious reasons, the prognosis is as yet necessarily quite uncertain.

So says the *Medical Record*, but Mr. Garfield still lives, and is likely to live. Why didn't he die from his wounds? Gun-shot wounds, especially where they involve the intestines or their investing membrane—the peritoneum—are exceedingly dangerous, and most men, or a large per cent of men wounded as Mr. Garfield was, would have died by the end of the fifth or sixth day. But why did not Mr. Garfield die? We answer, the wound did not directly or indirectly destroy the function of any vital organ in the body, and no injury short of this can result in death to such men as Mr. Garfield. Not because Mr. Garfield, by virtue of his moral worth, is any more capable of resisting evil consequences than other men, but because he has a physical organization competent to resist depressing influences, and repair injuries that, in other men, of different constitution and less vital tenacity would certainly end in death. Mr. Garfield does not owe it so much to his medical attendants that he is recovering—for his treatment, some of it, was of exceedingly doubtful propriety; but he is recovering because he possesses within his own physical organization great vital tenacity—resistance and will-power. This, with a faithful wife to encourage and nurse him, is what is required to save the president. Ah, but great medical skill was applied in saving Mr. Garfield! In what way has the medical or surgical treatment contributed to the recovery? Did the surgeons remove the bullet? Did their search for it result in any benefit? Did not the large amount of

morphine given produce distressing nausea, and tend to cripple the vital powers? Would not aromatic spirits of ammonia, with quinine, have aided more in sustaining the president till after the first effects of the shock? After this, with good nursing and appropriate diet, what else did he really need? Nothing.

But the result will be looked upon as a wonderful achievement of profession skill. Poh! Scores of soldiers in the late war were more seriously wounded than Mr. Garfield, and in spite of the great disadvantages of reckless surgery, bad nursing, and surroundings of the most discouraging character, many of these unfortunates recovered. On the other hand, men of low vital tenacity frequently receive slight flesh wounds, apparently simple in themselves, and so they are, but a want of resistance is soon manifested, erysipelas, or gangrene, or a low fever is suffered, and no matter how many surgeons are summoned, skill is futile. Why? Because the vital tenacity—resistance—possessed by one like our president is wanting. People little think how much nature has to do in cures, and they seem to be blind to the fact that doctors contribute very little, comparatively speaking, in a great majority of cases to which they are called. We mean that doctors contribute very little in really saving life. They relieve pain, give comfort, aid in the healing of simple difficulties, and undoubtedly do, in some cases, where the disease and the vital powers are pretty well balanced, actually save people from premature death. But the result is too often in the other direction—the doctors contribute, unwittingly, to the exhaustion of the vital powers.

But the president is recovering, and every philanthropist will rejoice at the result. The case has been and is an interesting one, and will never be forgotten. It is a case that should ever be held up to the world as a living example of temperance and moderation, for there is no doubt but that the president's excellent physical condition should be attributed, to a large degree, to his temperate and regular habits.

LATER.—Since the above was written the president has had a relapse. He had chills, followed by fever, on the 23d inst., the temperature reaching 104° F. at 12:30 p. m. Dr. Hamilton, of New York, and Dr. Agnew, of Philadelphia, were summoned. It was found that an abscess had formed, and on the 24th, at 9 a. m., an

operation was performed and the pus discharged. Dr. Agnew was selected to perform the operation. He located the cavity and made an incision about an inch and a half below the opening of the original wound. The pus cavity was occasioned by irritation from splinters of the injured rib, and had no connection directly with the main canal formed by the bullet, which has worked freely. The cut was about an inch and a half long and not exceeding an inch and a half in depth. The injured rib was found to be bent, and there is now a consultation as to whether any attempt shall be made to straighten it. The new opening thoroughly discharges the pus cavity, and will of course be kept open. Dr. Agnew is well satisfied with the result. Dr. Hamilton says he has strong hopes that the difficulty has been removed, and that a progress toward recovery will recommence. At this writing, July 25th, the president is doing well. We still have implicit confidence in his physical resistance.

We should feel better satisfied if the ball could be found and removed, but a search for it seems impractical. Dr. Weisse, did suspend several cadavers, and at the proper distance, with a weapon similar to that used in shooting Mr. Garfield, he shot them, and then made search for the ball. But all this did not furnish sufficiently accurate knowledge to warrant anybody in positively locating the bullet in the case of the president.

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#### **Commencement Exercises of the American Medical College.**

The thirteenth regular commencement of the American Medical College was held June 2, 1881, at the Pickwick Theater, and was attended by a large audience of ladies and gentlemen, most of whom were friends of the graduates. On the platform were the professors, the members of the Board of Trustees, Chaplain G. G. Mullins, of the United States army, and Rev. Dr. John De Vincil. The music was by the Knights Templar band. Dr. J. S. Merrell, President of the Board of Trustees, presided. Prof. Mullins opened with prayer, and Prof. Yost read the college report, which gave a favorable account of the progress of the institution.

The valedictory address on the part of the class was delivered by S. A. B. Hughey, and was a very creditable production.

The conferring of the degree of Doctor of Medicine was done by Prof. Geo. C. Pitzer, Dean of the Faculty, with appropriate remarks.

The following is a list of the graduates: Geo. W. McClanahan, Missouri; J. D. Sawyers, Illinois; W. P. Wilcox, New York; W. H. Roper, Missouri; Tom C. Conrad, Missouri; Wm. H. Harris, Illinois; J. W. Hipple, Missouri; I. Frank Noel, Missouri; J. W. Davis, West Virginia; Mont. M. Hamlin, Missouri; John Mitchell, Missouri; Martin L. Thomas, Missouri; W. S. Odor, Missouri; T. C. Cheatham, Missouri; Francis M. Cox, Illinois; L. B. Laws, California; S. A. B. Hughey, Missouri; Wm. H. Allen, Illinois; Herschel S. Lowrance, Illinois; John Blevins, Illinois; D. T. Brooks, Missouri.

Profs. Pitzer and Yost distributed a number of floral offerings among the graduates, the tributes of admiring lady friends.

Rev. Dr. Vincil conferred the prizes, the first being the Mellier prize—a handsome and well-filled pair of Elliott's patent saddlebags, designed for the use of country practitioners, on horse or afoot. John Mitchell was the successful competitor. The jolly doctor of divinity was quite humorous in his remarks and kept the house in a roar.

The Yost prize was awarded to Dr. Mont. M. Hamlin, and Drs. J. W. Davis, T. C. Cheatham and Geo. W. McClanahan received honorable mention.

Dr. E. Younkin delivered an address to the graduates, which was well received, and abounded in sensible advice to the new beginners.

The exercises afforded pleasure to all who attended, and were conducted with less stiffness than is usual on such occasions.

The opening of the new college year promises more than any previous year. The rapid rise and growing popularity of the eclectic practice of medicine among the better classes, turns medical students toward eclectic schools; and our increased facilities, hospital and clinical advantages, with a great reduction in tuition, gives the American Medical College a new impetus. Let it come, and we guarantee entire satisfaction to every student. Send for announcements. See advertisement.

**Thraikill-Tilden.**

By reference to our announcement in July JOURNAL it will be seen that our Prof. Thraikill has returned from Eureka Springs, and he will lecture during the winter.

Last winter and spring Prof. Thraikill's place was filled by Prof. J. H. Tilden, now of Litchfield, Ill., Prof. Thraikill being physically unable to lecture. Prof. Tilden filled the place with great credit to himself and to the entire satisfaction of the Board of Trustees, and it is very much regretted that Prof. Tilden could not remain with us. He was earnestly urged to remain and continue in the chair of anatomy and physiology, other provisions being suggested for Prof. Thraikill. But Prof. Tilden could not consent to remain, and as he leaves us he has our best wishes for success. He and Dr. R. F. Bennett, of Litchfield, Ill., have formed a copartnership for the practice of medicine, and a more competent firm would be hard to find. Success is our wish.

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**Electricity in Medicine and Surgery.**

Our papers on the medical and surgical uses of electricity are in preparation, and we shall commence their publication soon. Our readers will notice that Kidder's fine tip batteries are advertised in this journal. Also McIntosh's Galvano-Faradic batteries. The electric chair is also represented; and the famous Galvanic batteries of the Galvano-Faradic Manufacturing Company, of New York. It is our aim to present the readers of the JOURNAL with a series of valuable papers on this subject, and to this end we are preparing the "batteries"—getting them in line.

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**Lactopeptine.**

As a remedy in the indigestion accompanying and following cholera infantum, lactopeptine is invaluable.

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**Removal.**

Dr. Jno. T. Harrington has permanently located at Bremond, Texas.



**Meeting of the Minnesota State Eclectic Society in Minneapolis June 28th.**

The annual meeting of the State Eclectic Medical Society was held at the Academy of Natural Sciences Tuesday, June 28th, with representatives present from different portions of the state, and a very pleasant and profitable session is reported. The society met at 2 o'clock in the afternoon and was called to order by Dr. Morehouse of Owatonna. Subsequently Drs. Morehouse and Elliott were appointed a committee on credentials, and reported delegates present from Winona, Rochester, Owatonna, St. Paul, Princeton and other points in the state.

After transacting business of minor importance the society proceeded to the election of officers, resulting in the choice of the following named gentlemen :

President, Dr. A. F. Elliot of Minneapolis; first vice-president, Dr. Morehouse of Owatonna; second vice-president, Dr. Fisher of St. Paul; recording secretary, Dr. Hatch of Owatonna; corresponding secretary, Dr. Moyer of Minneapolis; treasurer, Dr. Sedgwick of Rochester; board of censors, Drs. Sedgwick, Morehouse, Denton, Cook and Fisher.

The president was authorized to appoint the committees for the ensuing year, after which the society adjourned to meet in Minneapolis in may next.

Among the physicians present at the meeting were Drs A. F. Eliot, L. W. Denton and A. Moyer, Minnapolis; N. M. Cook, Cambridge City; A. P. Caldwell, R. F. Lynch, F. C. Gile, Princeton; L. A. Kelley, Winona; J. W. B. Welcome, Sleepy Eye; R. N. Sackett, Janerville; George Love, Preston; E. T. Sedgwick, Rochester; E. M. Morehouse, T. L. Hatch. Owatonna; Dr. Fisher of St. Paul and others. Several new members were admitted and able papers were read by different delegates present. Dr. Eliot exhibited to the society several new instruments, among them one for the extraction of foreign bodies from the nasal passages, and an instrument for the radical cure of herniæ. The opening address was delivered by Dr. E. M. Morehouse, on the growth of eclecticism in Minnesota. Upon being escorted to the chair, President Eliot delivered an inaugural speech in his characteristic good humor.

**Married.—Odor—Suiter.**

The marriage of W. S. Odor, M. D., of Bolivar, Mo., to Miss Callie Suiter, daughter of Rev. Geo. Suiter, of Benton township, on Thursday, June 23, 1881, was one of the most pleasant weddings of the season. The ceremony was performed by Rev. B. L. Mitchell, of Bolivar.

Dr. Odor is a graduate of the American Medical College; was an attentive student, a perfect gentleman, and in his new relation we have no doubt but he will fill his place like a man. Success to Dr. and Mrs. Odor.

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**Married.—Park—Pitzer.**

On the evening of June 1, 1881, at the home of the bride's parents, 1110 Chambers street, St. Louis, by Rev. G. W. Hughey, Matthew Park, Jr., to Miss May Pitzer, second daughter of Dr. Geo. C. and M. J. Pitzer.

Dr. Jacob S. Merrell and wife; Prof. Thrailkill and wife; Prof. Yost and wife; Prof. A. Merrell and wife; Dr. W. D. Turner and wife, of Carrollton, Ill.; Prof. B. H. Dye, and numerous friends from the city and country—about one hundred in all—made up the company. The occasion was an enjoyable one to all present.

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*BOOK NOTICES.*

**A MANUAL OF THE PRACTICE OF MEDICINE.**—Designed for the use of Students and the General Practitioner, by Henry C. Moir, M. D.

This work has been compiled with the utmost care from the latest edition of such standard works as Niemeyer, Loomis, Roberts, Da Costa, Bristowe and others, and also from the lectures of the most prominent professors of the United States of America. The object of the author has been to present to the student of medicine and the general practitioner, who have not the time to read a large number of pages of an exhaustive treatise, in order to obtain a single point which may appear to them of value, a work wherein the morbid anatomy, etiology, symptoms, and treatment are arranged in such a manner that, in a few minutes, a disease can be

reviewed. Further, this volume is of such a size that it can be carried without inconvenience in the breast-coat pocket, thus being especially valuable to the busy practitioner. In the third part of this work will be found tables of the symptoms of disease possessing a special diagnostic value and their causes, which cannot be obtained in the same classified and compact form, in any book that has yet been published. It further embodies the substance of a course given by a very successful instructor to his students, in their preparation for competitive medical examinations. At the end of the volume there are about four hundred prescriptions in alphabetical order, according to their therapeutical uses, which have been obtained from prominent members of the profession who have fully proven their value. The work comprises 450 pages, and treats of every disease which is likely to come under the notice of the practitioner. Price, \$2.50. Copies may be obtained from the author at his residence, 211 E. 31st street, or of any of the principal book-sellers, on and after the 1st of April next.

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#### REYNOLD'S SYSTEM OF MEDICINE.

We have just received from the publishers, Henry C. Lea's Sons & Co., a complete set of Reynolds, and will give the work a thorough review in forthcoming issues of the JOURNAL.

These publishers also announce that they will soon issue a companion work on surgery, viz : Holmes' System of Surgery, Americanized. The work has been in course of preparation for over a year, some thirty distinguished surgeons in different parts of the country having, during the time, been at work on it. The editor is John H. Packard, of Philadelphia.

Among the American revisers we notice the names of John B. Roberts, J. Nevins Hyde, Morris Longstreth, P. S. Conner, Wm. Hunt, Thomas G. Morton, Samuel Ashhurst, Stimson, Packard, Bartholow, Hodgen, Burnett, Cohen, Keyes, Skene, Markoe, J. C. Reeve, Hunter, McGuire, Leidy, and many other prominent men. The five volumes will be compressed into three, as with Reynolds, and will be sold by subscription. Prices : Cloth, \$18; leather, \$21; half Russia, \$22 50.

When this work appears we hope to receive copies, and will then review carefully. If this surgery receives the commendation equal

to that of Reynolds', and proves to be of equal merit in its line, the profession will certainly have reason to thank these publishers for the work accomplished.

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### MISCELLANEOUS PARAGRAPHS.

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#### **Listerine, the New Antiseptic Preparation.**

We are glad to call the attention of our readers to a new and valuable contribution to antiseptic surgery. It is called listerine, and the thought suggesting the name is indeed a happy one. It is a combination of the essential constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis. Beside these each fluid drachm contains two grains of refined and purified benzo boracic acid. These substances, carefully prepared and combined in a solution of uniform strength, cannot fail to do good service in the treatment of all affections requiring an antiseptic.

The preparation is convenient, safe and agreeable. Locally it will be found of real value as a dressing for wounds, ulcers and abscesses. It may also be employed as a constituent of solutions for atomization in lung affections and of gargles in throat diseases, while internally it must prove efficacious in all forms of fermentative indigestion.

Surgeons and physicians who have made use of any of the well-known ingredients of listerine can attest their value, and will not fail to appreciate the advantage of having them always at hand in suitable combination.—*Louisville Medical News*, June 4, 1881.

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#### **Asthma.**

Good results are claimed for the following mixture of morphia, strychnia and atropia, in the treatment of the asthmatic paroxysm: Bimeconate of morphia one-eighth of a grain, atropia sulphate, one one-hundred and twentieth of a grain, and strychnia one-sixtieth of a grain given hypodermically, and repeated if necessary.—[*Chicago Medical Review*.]

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**Manaca, Rhus Aromatica.**—By H. M. HARRISON, M. D., Bushnell, Ill.

*Manaca*—My first experience with this drug was two years ago in the case of Mrs. D., a young married lady of marked rheumatic

diathesis, who had been afflicted for several weeks when she came under my care, with an extremely severe attack of acute articular rheumatism. She had been treated during the early weeks by quite a distinguished homeopath, and subsequently by a member of the regular profession without avail. Before taking charge of the case I had received a sample of manaca, so I concluded this case a good one to test its virtues. I did so, and with the happiest results, for the pain and swelling disappeared almost as if by magic and the patient made a rapid and good recovery, and several of the relatives of like diathesis now keep manaca in the house to use upon any indication of an attack, and apparently with perfect success. I have prescribed it in numerous other instances always with satisfactory results, so that I now regard it as a sort of "sheet anchor" in acute and subacute rheumatism.

*Rhus Aromatica*.—I have used this article in several cases of functional enuresis in both old and young with alike satisfactory results. Prior to the use of it I had been in the dark when called upon to prescribe for such cases. What we, as physicians, want is more of the "certainties" in our therapeutics, not so much of theorizing. First a clear diagnosis and then more definite remedies that we may more accurately anticipate the results. We yet have a broad field before us for investigation in that line. Let us hope for a continuation of the work, which seems as yet in its infancy.—*Therapeutic Gazette*.

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#### **Celerina in Mental Depression and the Opium Habit.**

I have used celerina in two cases of mental depression, caused by sexual exhaustion, and have found the results very satisfactory. I can give the same favorable report in two cases of the "opium habit."—Charles Zoller, M. D.—*Medical Brief*.

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#### **Traumatic Tetanus; Recovery—By M. C. BULDRIDGE, M. D.**

Jesse Jordan, colored, æt. 25. November 19th, received on the dorsal aspect of the forearm a severe wound, inflicted by four saws. Dec. 16th. Found him suffering from tonic spasm of the post-cervical muscles and muscles of the back; could not bend his body nor

open his mouth sufficiently to protrude the tongue, nor could he swallow solid food. Ordered patient to be placed into a water bath as warm as he could bear, and keep in for four or five hours, frequently adding warm water: *B.* Chloral hydrate, grs. xv; Potassi bromidi, 'grs. xv; *Fl.* ext. Calabar bean, gtt. v. *M.* in simple syrup every two hours, to be continued until spasms and pain were relieved. 25th. Patient cured. The bath did not only have a decided relaxing effect, but in a marked degree tranquilized the nervous system, thereby assisting the Calabar bean to relax the tonic muscular rigidity, while at the same time it assisted the choral and bromide in controlling the nervous system.—*Phil. M. & S. Reporter*, April 30.

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### Bromidia.

I have prescribed bromidia during the last twelve months with most satisfactory results. I esteem it the anodyne and hypnotic par excellence. J. B. Marvin, M. D., Louisville, Ky. Prof. of Chemistry and Clinical Lecturer on Nervous Diseases, Hospital College of Medicine.—*Medical Brief*.

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### A Compromise.

The question of teaching and granting diplomas to persons proposing to become homœopaths, eclectics, etc., excited much interest at the late meeting of the American Medical Association, at Richmond, and was discussed with considerable warmth, the negative finding a champion in Prof. Davis, of Chicago, whilst Prof. Dunster, of the Michigan University ably espoused the other side. A compromise was effected by the adoption of the following resolution offered by Dr. Billings, U. S. A.:

"It is not in accord with the interests of the public or the honor of the profession, that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."\*—[*Maryland Medical Journal*.

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\* NOTE.—Not much of a compromise unless we regard the action as a compromise of common sense.—ED.

**Iodia.**

I have used iodia in hospital and private practice, and regard it as being a reliable preparation.—N. W. Weber, M. D., professor medical and surgical diseases of women and clinical gynecology, Detroit Medical College.—*Medical Brief*.

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**Tracheotomy Without Tubes.**

Mougeot (de Troyes) in a paper read before Paris Academy of Medicine (*La France Medicale*, April 7, 1881), advances the opinion that the majority of tracheotomised children do not reach their majority, as the Paris military board of examiners have not found one instance of tracheal cicatrix in the recruits examined. This opinion is expressed, not for the purpose of discouraging the operation, but to lead to a modification of it. The operation without tubes, as first performed and strongly advocated by Dr. Martin, of Boston, is, according to Dr. Mougeot, the one most indicated, as it prevents the production of pulmonary emphysema and laryngeal phthisis, so often consequent on tracheotomy.—[*Chicago Medical Review*.

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**Listerine.**

One part listerine and two parts water, is the best application for old ulcers; it completely disinfects them, stops the pain, and promotes healthy granulations.—*Medical Brief*.

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**Art. XLI.—“When Obstetrical Forceps are to be Used.” — By D. F. CECIL, M. D., Silver Lake, Mo.**

Under the above caption a certain learned professor gives to the readers of this journal\* a case, explaining some “sound” methods in obstetric practice. I wish to examine into the soundness of his and Dr. B.’s case, and also to give my own experience in such cases that so considerably alarmed the young doctor.

The paturient was in “preliminary labor, fat, perineum thick and firm; os uteri is too small for the finger to enter, and child’s head is large and hard,” (what a splendid doctor such a babe will make!) and above all the lady is thirty-five, and primipara. Now, what of it? The doctor knew that there must be instrumental delivery sooner or later! He knew it, “os too small for finger to enter!” and “preliminary labor”—and before 9 p. m.

We are not informed whether the doctor was told what to do, but from the “sound” practice after 1 a. m., I should conclude something was done before 9 o’clock. At nine there are labor throes every five minutes, and the “os is closed at each labor pain, and no progress is being made.” Exactly. Now is run out a battery on this poor woman; four of the most potent agents for good or evil, belladonna, chloroform, ergot and forceps, simply because she presents a few symptoms of—what? Labor? No. Then what? Spurious pains, this and nothing more. Why spurious? Dr. B. was in attendance before 9, p. m. At 9 he is alarmed because the os closes at each pain, and there is no progress. (Observe the con-

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\*January, 1881.



dition at 9 o'clock.) Cyst entire, and no antepartem hemorrhage. Of course there was not or we would have been told, and especially when she was in "preliminary labor," and os too small to transmit the finger. Other than an entire cyst is the result of premature, officious manipulation at the time of the "preliminary" spoken of. At 1 o'clock, a. m., both doctors attend, and find no progress since 9 o'clock.

I infer that there was no progress, as we are told of the "hearing of the lack" of it; they proceed to do that which, I dare say, they had intended for months. A summary of the signs plainly point to the spuriousness of the entire transaction, from the "preliminary" to the "welcome cry." As this case is given as a "sound" one, and of course as a typical case for the use of forceps (observe the caption), I would beg of doctors of nervous and excitable temperaments to treat such cases as follows: Called early, as was Dr. B. Urinary cyst and rectum clear; if not, attend to that; move bowels with enema or castor oil per orem. About an hour after bowels move make second per vaginal examination; if os is dilating and opening kindly at each pain, smoke the pipe of peace with the old ladies (but not in the lying-in chamber); the patient is in labor. But if the os closes at each pain don't commit yourself by running out your battery, and go to giving ergot, and anointing the os with belladonna, and call it a hard case, and all that. Those pains are spurious; pains that close the os are spurious. No matter; I don't know when true pains will set in. I have had them to set in after twelve hours, and in some cases not until five weeks; and after all the "stick" had its full nine months of "notches!" Put your patient fairly under the influence of an opiate. Stop those pains.

But what if, as all mankind are liable to be mistaken, and labor is setting in, will not the opiate retard labor, injure the patient, and play the old gentleman generally? By no means. The patient will indeed become easy and get a good rest; but a long, ripping, rearing, tearing pain will awaken her, and then you'll have to "hump" yourself, if you don't you'll find that little "hard headed" babe yelling manfully and the mother as sweet as June. Let those infernal forceps alone. Use them scarcely ever, nearly never; sometimes as a twister, a turner, a puller, and when the head has rested as low as the perineum for several hours, and sometimes, not always, then.

Use slippery elm, albumen, lard, vaseline, warm, wet cloths, and a hundred and one little things—unless you are in a hurry—then swoop upon your patient with the forceps, but don't give us such cases as being "sound." Please don't!

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**Art. XLII.—*Grindelia Robusta*.—By PROF. J. U. LLOYD.**

When good, the leaf is of a green color, often glutinous, sticking to the fingers when pressed.

The flowers are yellow, of the order composite. The flower heads are filled with resin which produces the sticking before-mentioned, and together with an essential oil seem to pervade the whole plant, but most abundantly the flower.

To these two substances secreted by the growing plant and intimately associated, *grindelia robusta* is indebted for its strong, aromatic, balsamic odor. The substances named are quite soluble in alcohol, scarcely soluble at all in water, though it will take up a trace, enough to give the characteristic odor.

There are substances in *grindelia robusta* which come under the head of extractive matter. These substances differ from the foregoing in one particular, they mostly are not natural products, but result largely from changes that take place in drying the plant.

They are soluble in water and are but slightly soluble in alcohol. They impart a dark red color to aqueous solution, are almost tasteless and have no odor.

Thus it will be seen that in this one plant there are two classes of substances; one soluble in water, of a dark red color, almost odorless and tasteless; the other soluble in alcohol to which it imparts a greenish or yellowish brown color and to which it gives the odor and taste of the plant.

Reasoning from the facts presented, it will be seen that if an extract be made with alcohol it should contain a class of substances which will not dissolve in water, such substances being those that give the natural odor and characteristic taste to the plant, and experiments in accordance with the foregoing hypothesis will support the conclusion, for it will be found that such an extract or tincture will be just as we have reasoned it should, and that inasmuch as it contains materials insoluble in water, it will become milky when

mixed with it, such milkiness resulting from the deposition of minute particles of precipitated resin and oil.

Contra—An extract made with water or weak alcohol will be dark red in color. It will possess the peculiar odor of the plant, since, as before mentioned, water will take up enough of the essential oil for this purpose. It will not have the strong taste of the preparation made with alcohol. It will mix with water, syrup and glycerine without precipitating or becoming muddy, but if mixed with twice its bulk of strong alcohol it at once precipitates, the result being the deposition of the extractive matters generally, which it contains, and which are only soluble to a slight extent in alcohol.

We have now arrived in this discussion where we can answer the question as to the probable constitution of the two extracts.

That which was of a greenish color and became milky on mixing with water, doubtless was made with good alcohol, and contained the resin and oil of the plant and the chlorophyll also, to which last substance the greenish color may be attributed, since chlorophyll is soluble in alcohol and gives the green color to vegetation.

The other extract, of a dark red color, was doubtless made with water and enough alcohol afterwards added to preserve the resulting dark colored liquid, or perhaps it was made with very weak alcohol. Either of these methods of procedure would extract the red matter, and each resulting extract would mix beautifully with an equal amount of water, and, upon the contrary, precipitate with alcohol.

I might add, that after extracting *grindelia robusta* with alcohol, and drying the exhausted herb, if it be then percolated again with very weak alcohol, the extract which results is beautifully red, very strong in fact, if color be strength, but few would care to use it.

The question now arises, which extract is the better; the red extract cheaply made, or the green or yellowish brown one, made with strong alcohol?

This can doubtless be answered by those that have used both articles and from reports which I have received I feel warranted in saying that the alcoholic extract is to be preferred, and that addition of water to *grindelia robusta* should always turn it immediately milky.

I can not favor an extract dark red in color which can be mixed with water without turning milky, as such an extract does not contain the resin and oil of the natural plant, and these two substances are undoubtedly the peculiar principles of the *grindelia* upon which, it is generally conceded their therapeutical values depend, if upon any.

I have stated that this question might be applied to a variety of drugs, and the statement, undoubtedly true, is a consideration of great importance to physicians.

It is a well-known fact that the color of an extract is of little use as aid in determining its medicinal value, unless the coloring matter be a characteristic of some therapeutical principle of the drug.

Indeed I believe, as a rule, too much color portends impurity. An ounce of burnt sugar (caramel) will give color enough to a pint of water to pass for one of the black, strong, fluid extracts of the other day. (Please don't understand me not to infer that burnt sugar has ever been used for this purpose.)

In like manner a little heat judiciously applied to a small portion of the "reserved tincture" may blacken even good fluid extract of, say, squills. Consequently to shake the bottle and say, "see its color," should not result in absolute conviction as to strength.

A little reason, I think, will convince us that the characteristics of a good extract must be its near resemblance in every way to the fresh plant.

To obtain this extract requires, in the first place, prime material; in the second place, it must be properly communicated and carefully manipulated, and lastly the menstrum must be adapted to the exhaustion of those principles which give to the plant its medicinal value, which last point, in the opinion of the writer, requires care, attention, and experiments upon each separate species of plant.

A green or brownish yellow fluid extract of *grindelia robusta*, I think, is better than a black or red extract, and yet the rule will not apply to ergot or gossypium, for both of these should undoubtedly be red.

Fluid extract of *grindelia robusta* should turn milky when mixed with its bulk of water, but the fluid extract of ergot need not necessarily do so, as it is generally conceded that the medicinal principles of ergot are soluble in water.

The amount of work necessarily connected with the positive solution of these questions is much greater than usually admitted. Hundreds of careful experiments may easily be made upon an individual article.

The field is a large one. Man's knowledge of the actual constitution and therapeutical principles of even a small portion of the vegetable kingdom is slight. We are wandering. The land is almost unknown. Let us make proper notes of our observations, each working in his proper sphere; and let us not hope all will agree, but expect to differ, for in our research for truth all must make mistakes.

Then whether our sphere of action be the laboratory or sick room let us not forget that we are all laboring for one great object, the relief of the sick and unfortunate, and that we materially depend upon each other.

The writer has often solicited aid from practicing physicians, by way of report as to the action of medicines, and in almost all cases the information has been willingly, honestly and cheerfully given. But in many cases skillful physicians of enviable reputations differ widely as to the value of a remedy or the best form for its use, and these differences of opinion are to be expected from fallible beings. Thus it is with the pharmacist, mortal and dealing with mortals. However skillful he may be, he must deal with those equally skillful.

The preparation one may make perhaps will be considered perfect in the opinion of certain physicians of high repute, while to others another form of remedy will be more acceptable.

Let all remember, physicians and pharmacists alike, that all are human, none are perfect.

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**Art. XLIII—Gunshot Wounds—By E. P. CRISPEL, M. D.**

EDITOR A. M. JOURNAL: In July, 1876, an article was published in a medical journal over my signature, not one line or sentence of which was written by me, not one, save perhaps, the title and signature. I had sent an article for publication to said journal, but instead of printing that, a low burlesque, an insulting caricature, written in a Davy Crocket style, appeared with my name appended.

What the motive could have been of the acting editor, I know not, or what spirits prompted, though the quality may be inferred.

If you see fit to publish the following, well; if not, you are too much of a gentleman to treat a patron thus.

Now, since the attempted assassination of the president, the subject of "gun-shot wounds" is receiving unusual prominence, and I wish to say a few words in regard to the treatment of two cases that occurred in my practice recently.

From experiments made with carbolic acid upon beef and other flesh, with a view to test its powers of preventing decomposition, as well as from the observations of many years, of its properties as a dressing in surgery, and as an agent used internally in lesions with a tendency to suppuration, I am satisfied that in it we have an agent of very great value as a preservative of animal tissue; one that not only prevents decomposition, and the secretion of pus, but arrests the processes of decay, conserves molecular vitality, and aids in the repair of injuries.

My theory is that to be efficient it should be placed in direct contact with the injured tissues or those liable to become involved with them; that where the lesion is local and external, with the system in a condition to resist the tendency to the breaking down of tissue, the topical application may be sufficient; but where the lesion is extensive, or internal and beyond the direct application of the remedy, where the tissues have been injured, where there exists the tendency to the formation of abscesses or pyemia is threatened, then the agent should be taken internally, that through the medium of the circulation it may be brought in contact with every atom and cell of the organism.

In the treatment of the cases alluded to, the agent (carbolic acid) was used by sprinkling it upon the floor, carpet, walls of the room, bed clothing, suspending cloths wet in it, in spray form, etc., to keep the air of the room saturated with the vapor. That while the remedy could be inhaled the germs of disease might be destroyed and the temperature of the apartment kept cool; by injecting it in the wounds, and wetting the tents and compresses in the same, etc.; and lastly, internally, about as follows: *R* Carbolic acid gtt. x to xii; glycerine or syrup  $\mathfrak{z}$  jv. *M.* Dose, teaspoonful five or six times daily for two or three days, then less frequently. Sometimes, when

it seemed indicated, I have added to the above prescription a few drops of tinct. nux. vom. or a few grains of quinia sulph.

Though such other treatment and directions were given as seemed called for, relating to cleanliness of patient's person and clothing, quiet, circulation, secretions, etc., yet I believe the above *the treatment* in the following cases.

Case 1. July 4, '77, was called to attend D. S., of this place who was shot by an ordinary sized pistol, the ball entering the body about two inches above the umbilicus and the same distance to the right of median line, and was found beneath the integument about two inches to the right of the spine, and nearly on a level with the crest of the illium. In the examination, the probe entered the orifice of the wound in front in a line with the point of exit, over two inches without resistance, which, with the vomiting of blood for over twelve hours, proved that the missile had not been deflected from its course and passed beneath integument around the body, as is sometimes the case, but had passed directly through the person.

In view of the probable perforation of intestines, I gave morphia to astringe them, and at the same time to allay pain and produce sleep, and continued it a few days, and from the first the above (carbolic acid) treatment was used and continued, and the patient made an excellent recovery with very little inflammatory action, and not as much as a drachm of pus flowed from the wounds.

Case 2. July 23d, ult., F. R. received a shot from a thirty-two caliber pistol, the ball entering between the eleventh and twelfth ribs on left side, about three inches from spine; the ball could not be found. The patient was treated as case first, had a slight fever for a few days, no symptoms of suppuration, beyond the few drops that escaped from the wound, which is now (sixteenth day) closed. Had no peritonitis, and is now walking around and doing well.

I should have mentioned that with case first, there was peritonitis for a few days, but this readily yielded to treatment.

I have also used the agent in a similar manner in other wounds presenting very large suppurating surfaces; also in abscesses of the lungs; in catarrhal diseases with muco-purulent discharges, and in one case of septicæmia following puerperal fever, with very satisfactory results.

**Art. XLIV.—Electricity in Medicine and Surgery.—**By GEO. C. PITZER, M. D.

Electricity is a force or mode of motion, which may be generated by friction, or by chemical action. No chemical change can take place without the evolution of more or less electricity.

The application of this agent, in some form, to the relief and cure of disease dates back many years. At one time frictional or Franklinic electricity was very popular, a number of accidental cures resulting from its use. We say *accidental* cures, because they resulted from the empirical use of electricity, no regard being paid to any law upon which the cures were wrought.

An interesting treatise on Franklinic electricity, written by Rev. John Wesley, in 1759, gives the reader a very good understanding of the position of electro-therapeutics more than a hundred years ago. Medical men at that time seemed to be inclined to turn away from this new agent; this placed it in the hands of the laity, where it was resorted to for all kinds of ailments. This indiscriminate use of a potent agent, chiefly by men and women who knew but little about it, could but result in failure. Because electricity did not, in the hands of quacks, cure everything, it was denounced entirely by many, and rapidly fell into disrepute; and to this day, while it has many able advocates, in and out of profession, there are not a few who entertain strong prejudices against it. It is a fact that electricity will not cure everything, no matter in what form, how used, or by whom it is applied. While it is indicated in some form in a wide range of disorders, and while many distressing ailments are speedily relieved and others rapidly and radically cured, it fails in many instances. But where we have cases to which this agent is adapted and we rightly apply it, nothing equals it.

Like everything else, electricity has its place and its power, and in its place it is prompt and positive in its effects. It is scarcely worth while to say that the principal reason of many failures in the use of electricity is to be found in the fact that many who try to use this agent do not understand the instruments they undertake to operate. They know but little about the principles of their workings, and they too frequently know even less about anatomy, physiology and pathology. It is folly to hope for good results from any therapeutic agent in the hands of an ignoramus, unless it be by acci-



dent. A successful electrician must be an educated physician. He must understand physiology and pathology, then he may commence the study of electro-therapeutics and the use of electrical instruments. Taking it for granted, then, that our readers are all physicians, we hope to make our lessons interesting, instructive and practical.

Electricity, in the abstract, is always the same, no matter where or how generated; but its effects upon the human system are greatly varied, and wonderfully modified by the different modes of application, and through the instruments used in generating and conducting it to and into the body. For example: By the judicious use of Franklinic electricity a stimulating and tonic influence is imparted, the nutrition of the part is improved and the nervous system is invigorated. By the application of the Faradic, or induced current, we stimulate or excite with the negative pole, and soothe or relieve excitement and pain with the positive pole. With the simple galvanic current we excite or soothe, as in the case of the Faradic current; but we may do even more than this. We can, by using this current properly, actually separate the constituents of the tissues, the acids and oxygen of the part going to the positive pole, while the alkalies and hydrogen go to the negative pole. This is called electrolysis, and in this way enlarged glands, indurated tumors, and soft tumors are frequently dissolved and rapidly carried away. Again, if we close a galvanic current with a platinum wire, and apply the wire to a part, we may speedily burn it to a crisp. Or, by surrounding a part by this wire, we may remove it entire. This is called the galvanic cautery, by which we frequently remove tumors. The operation is bloodless, and the healing process rapid. But these are mere hints illustrating the different results of electricity, as applied in different forms and through different means.

Before going further, we can best serve our purpose and that of the reader by presenting a short description of the different forms of electricity and a few brief illustrations of some of the most practical batteries and instruments used in electro-therapeutics. As we become familiar with the different forms, and the instruments used in generating and conducting electricity, we are better qualified to understand its therapeutic application.

Electricity is manifested in three general forms: Magnetism, Franklinic-electricity, and Galvanism.

Magnetism is that form of electricity found in loadstone. Loadstone is an iron ore, which, as above intimated, is permanently charged with electricity, and is called a natural magnet. Ordinary steel bars may be charged with electricity, when they become artificial magnets. They may be charged or magnetized, as it is called, by bringing them in contact with a natural magnet, or they may be magnetized by the galvanic current, to be hereafter described. In either case these steel bars are only artificial magnets, and in time lose more or less of their electricity, or magnetic influence. But good, hard steel will retain its magnetic power for a long time. If pure soft iron bars are magnetized by a natural magnet, or by the galvanic current, while they remain in contact with the natural magnet or with the galvanic current, they are magnets themselves; but when these bars thus made magnetic are removed from the natural magnet or the galvanic current, they at once lose their magnetic power.



Fig. 1.

There is a property belonging to magnets called polarity. The ends of a magnetic rod of steel attract iron and iron filings, as illustrated by Fig. 1. But this same iron, or iron filings, placed upon the center of this magnet, immediately fall off, as above illustrated. It is evident that two opposite kinds of magnetism are manifested in this rod; one kind at the ends of the magnet and another at its center. These points, manifesting opposite kinds of magnetism, are called poles. This property, polarity, belongs to other forms of electricity, and is a peculiarity of this *mode of motion*. More might be said here about magnetism, but this is quite enough to serve our purpose for the present. When we come to describe the Faradic current this form of electricity will be referred to again.

Franklinic electricity is obtained by friction, cleavage, and press-

ure. Quite a number of machines are in use for the generation of this kind of electricity, but there are exceedingly few cases in therapeutics where this form of this force is equal to others more rapidly obtained; and there are many cases where other forms are far superior; for these reasons Franklinic electricity is but little used in therapeutics at the present day.

Galvanism, or electricity generated by chemical action, is the form in which this great force can be best utilized in therapeutics, and to this form does electricity owe its great popularity. For the evolution of electricity by chemical action, a galvanic battery is required, and we can make this part of our subject more intelligible by taking a battery in common use for illustration. Stohrer's famous galvanic battery, as made by the Galvano-Faradic Manufacturing Company, of New York, will answer a fine purpose.

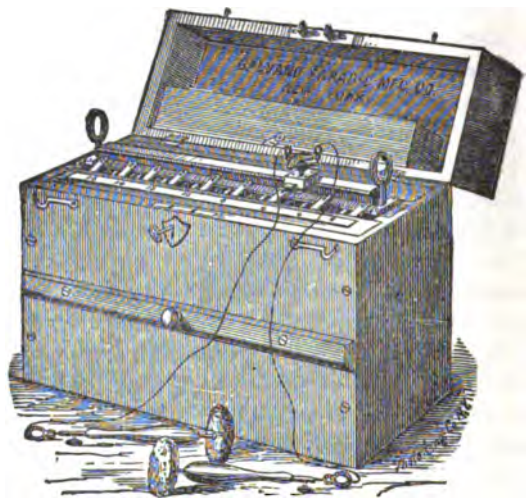


Fig. 2.

Figure 2 represents Stohrer's galvanic battery. It consists, altogether, as we see it, of a number of elements and battery cells, as they are called—16 or 32—as the maker may decide. A galvanic battery may be made with one single cell, but for good reasons, hereafter to be given, a number of cells are required. But for illustration of this, as well as other batteries to be described, we take it for granted that one cell only is used. Figure 3 represents this



Fig. 3.

Now we put the required amount of this fluid in the cell. In this cell we also suspend one zinc and one carbon plate, as seen in illustration, Fig. 3. The zinc and carbon are called the elements of the battery; the solution, the battery or exciting fluid; and the container the cell. The zinc is called the generating element, the carbon the conductor. Right here allow us to remark that electricity, when generated, may be transmitted by conduction, or operate through induction. Conduction is the transmission through intervening metals, called conductors. Some metals are good conductors; copper is good, platinum poor. By induction we mean the operation of electricity through the intervening molecules of air. This principle will be fully explained when we reach the Faradic current.

In the galvanic battery the electricity is transmitted through conductors, and, as above stated, the carbon in the battery cell is the conducting element, and to complete the circuit we connect the zinc and carbon, outside of the fluid, by intervening wires, as seen in Fig. 3. Now, here is represented, in this single cell, the principle and construction of a galvanic battery. When the electrically opposed metals, zinc and carbon, are immersed in the battery fluid and united at their ends, either directly or by wires, chemical action immediately begins, and in proportion to the amount of zinc surface exposed to the exciting fluid, will be the quantity of electricity generated. The zinc attracts the oxygen of the fluid, is rapidly oxidized, and gradually destroyed. The hydrogen of the water is appropriated in another direction. The result of this chemical action

is a *mode of motion*, called a current of electricity. This current passes from the zinc or generating plate to the carbon or conducting plate in the fluid, and outside of the fluid from the carbon, through the intervening wires, to the zinc. Now, let us, while this current is running, separate the ends of the wires connecting the zinc and carbon. Let us hold the two separated ends of the wires, one in each hand, and this same *mode of motion*, or current of electricity, is passing through the body, from one hand to the other, entering at the hand holding the wire attached to the carbon, which, outside the fluid, is called the *positive pole*. The current leaves the body at the hand holding the wire attached to the zinc plate, which, outside the fluid is called the *negative pole*.

This illustrates the working of a single cell galvanic battery. But we frequently want more quantity of electricity than we can get from one cell of this size; and we more frequently require a more forcible current—a current of greater tension than we can get from a single cell like this. Where the quantity of electricity is small, but more especially where the tension is low, the current passing slowly, but little change takes place in the tissues to which the electricity is applied, and the current is not felt or appreciated in any way. Where the tension is high, the current strong and running rapidly, then we observe redness of the skin, twitching of the muscles, and the patient complains of disagreeable sensations. In such a case the fluids of the tissues are rapidly separated, the acids and oxygen rushing to the positive pole of the battery, while the hydrogen and alkalies are attracted to the negative pole. A very small quantity of electricity may accomplish a great deal if the tension is high; but for the purposes of galvano-cauterics, quantity is positively required. How are we to increase tension, and how are we to get more quantity? As already stated, the quantity of electricity generated in a galvanic cell is dependent upon the amount of surface exposed to the exciting fluid by the generating plate; and when it is required to increase the quantity, the elements must be enlarged, or the generating plates of several cells must be connected directly, and the carbons must also be directly connected. Where we want an increase of force, or desire to increase the rapidity of the current, in other words, when we want more tension, we connect, alternately, the generating and conducting elements, the zincs and the

carbons of two or more cells, as illustrated by Fig. 4, where the

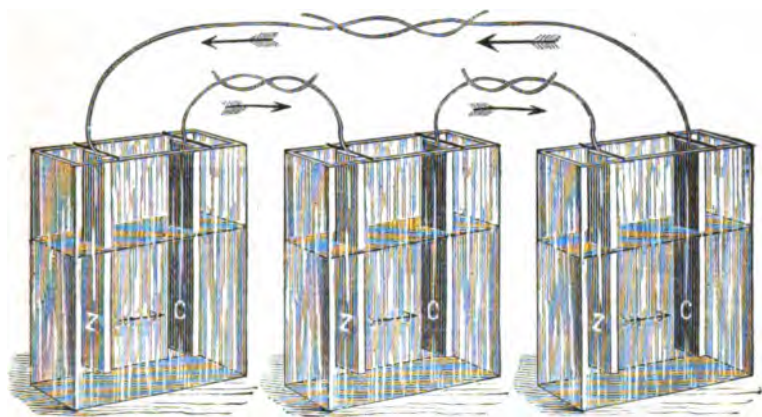


Fig. 4.

zincs and carbons are connected alternately, and the direction of the current plainly shown. Increasing the size of the elements always gives a proportionate increase of quantity, but it does not increase the tension or rapidity of the current. On the other hand, while a combination of two or more cells, as above described, the elements connected alternately, increases the tension in proportion to the number of cells thus connected, the quantity of electricity passing any one point at the same time is no more than when one cell is used. Enlarging the elements or directly connecting several generating plates and in like manner as many conducting plates, increases quantity.

In the galvanic battery of Stohrer, used in this illustration, the combination of cells is for the purpose of increasing the tension, a property of the current particularly required in electrolysis. The instrument shown in the illustration has sixteen cells. Assuming that they are all properly filled with fluid, and the elements suspended in them, and alternately connected, as illustrated by Fig. 4, we may undertake to operate the battery. For the purpose of convenience in conducting the electricity from the battery to and through the body, we use cords, called conductors, constructed of copper wire, and covered with silk. The covering is called the insulator, because it is a non-conductor. The ends of the cords have

exposed metallic tips, for the purpose of connecting them at one end with the commutator of the instrument, and to the handles of the electrodes at the other ends. Remember, the commutator is that part of this instrument which we slide along the beam of wood at the top of the apparatus. This commutator is so arranged as to connect with a zinc on one side and a carbon on the other, and a complete circuit is made through one cell by placing it at the right. To take in more cells we simply move the commutator to the left till any desired number of cells are taken into the circuit. The electrodes are the parts of the instrument attached to the distal ends of the conducting cords, and are directly applied to the part of the body desired to be brought under the influence of electricity. These electrodes are metallic, and may be covered with chamois or sponge. More will be said about electrodes as we approach therapeutics. Other particulars, as well as the advantages of this particular battery are given in detail in the illustrated circulars sent out with the instrument.

[TO BE CONTINUED.]

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## *ABSTRACTS.*

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### **A Successful Case of Ovariectomy and Hysterotomy Combined.—By P. V. SCHENCK, M. D., Surgeon to Female Hospital, St. Louis.**

Caroline Bauer, an insane woman, aged forty-seven years, a native of Germany, married, was transferred from the City Insane Asylum to the Female Hospital, July 5th, 1879. Upon examination she was found to be suffering from a large tumor of the left ovary; the womb was drawn up, in front of and apparently attached to the tumor. The history showed the growth to have been rapid; the physical condition was bad, and the patient was placed on special diet, with the best tonic and hygienic treatment at command. Her strength increased, but the tumor continued to increase rapidly in size. August 8th, by aspiration four gallons of a gummous, chocolate-colored liquid was removed. Suffice to say the adhesions were evidently so great that ovariectomy was considered impracticable. From time to time the abdomen was tapped and the contents of cyst drawn out. During March, 1880, the patient rapidly became

greatly emaciated, the facies ovariana very marked; she rejected most of her food and was confined to bed. It was decided that the only hope of saving life rested in an operation for the removal of the tumor. A room was specially prepared, thoroughly disinfected, the walls and wood-work cleaned and painted, and everything so arranged that no individual means for success should be overlooked. On April 25th, 1880, I operated under the spray by abdominal section. My medical assistants, Drs. Goebel, Grindon, Pharr and Priest, were each assigned to their duties respectively. Dr. Steele took part in the administration of ether; Drs. Prewitt and Engelmann ably assisting in the immediate operation. The patient was readily put under the influence of an anesthetic, an incision was made in the line of the linea alba from one inch below the umbilicus to a point near os pubis; the wall of the cyst being brought in view, it was found to be adherent on every hand, but less so in connection with the anterior abdominal wall; the uterus was imbedded in, firmly and closely adherent to the sac, the cyst was bound down to the pelvic fasciæ. The peritoneum anterior and above showed the remnants of circumscribed inflammation. The cyst-wall was very thin, and upon the introduction of a trocar it gave way in several places; the contents of the cyst weighed sixty pounds; the cyst was bilocular and had no pedicle, being universally attached over the pelvis. An effort was made to strip the envelopes of the sac above the attached surface; notwithstanding the greatest care in the enucleation, yet it was torn. The circumstances now forced the operation for ablation of the womb. Having removed as far as possible all of the inner lining of the attached pelvic portion of the cyst, and controlling the hemorrhage, a Wells clamp was fastened, needles being passed below the clamp; the upper portion of cyst was cut off, inclusive of uterus, which was removed just above vaginal junction; the end of cut surface was about three inches in length; the abdomen cleaned as far as possible, a drainage tube placed; the abdominal incision was closed with wire sutures. The pedicle was so long that the clamp assumed a position in the wound lengthwise. Duration of operation, two hours and fifteen minutes. The after-dressing was according to Lister's method. The condition of patient was very feeble and she suffered considerably from the shock, which was severe.



April 25th—Four hours after completion of operation, patient low, pulse feeble, body cold and clammy; she was given stimulants, with broken pieces of ice.

April 26th—Doing well; pulse rapid and feeble; slight nausea.

April 27th—Condition restless; respiration hurried; has vomited several times. Gave ice and used rectal injections of beef tea and whisky.

April 28th—Patient is better, quiet and resting. Continued treatment.

April 29th—Bowels have moved three times in quick succession, the evacuations are of thin consistence; she suffers no pain; stopped rectal injections; gave by the stomach ice with wine; gave morphia hypodermically.

April 30th—No further action of bowels; she is quiet and resting well; dressed wound antiseptically; doing well; the clamp is drawn down considerably; there is but little discharge; drainage tube removed; the needles which had become incrustrated under clamp were removed; the line of incision above clamp appeared closed; pedicle black, sloughing, but not detached.

May 1st—Patient very nervous; has passed her urine in bed, which up to this time had been drawn every eight hours; she has no appetite; is quite violent and uncontrollable; gave a hypodermic of morphia, rectal injections of beef tea, pepsin, and dilute hydrochloric acid.

May 2—Patient doing well; complains only of a pain about the hips.

The wound was from time to time dressed antiseptically. The patient continued doing well. The sutures were removed on the twelfth day and the clamp on the fifteenth day, leaving a deep excavated ulcerating surface. June 1st, a ligature, which had been placed in the bottom of the sac to control hemorrhage, was found at bottom of wound; after that the surface healed rapidly by granulation, and the patient made a full recovery. The record of temperature, pulse and respiration, as made morning and evening for thirty days following performance of operation, shows that the temperature varied between 97 and 100°; the pulse between 99 and 125 during the first ten days, between 90 and 108 during the remaining twenty days; the respiration between 48 and 20 during the

first ten days, and between 40 and 19 during the remaining thirty days.

May 7th, 1881—Patient now an inmate of City Insane Asylum, is in perfect physical health, has grown quite fleshy.—*American Journal of Obstetrics*.

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**Complete Aphonia of Nearly Five Years' Standing Cured by the Repeated Application of Faradization to the Vocal Cords.**—By ROBERT TORRANCE, L.R.C.P., Edin., Surgeon to the Newcastle-on-Tyne Throat and Ear Infirmary.

Miss A. P——, aged twenty-four, consulted me in October, 1880, for loss of voice of nearly five years' standing. She looked delicate, but did not complain of weakness, and informed me that she had had an ulcerated sore throat, and lost her voice on leaving a heated room in November, 1875. On recovering from the sore throat her voice did not return, when the regular medical attendant applied caustic two or three times, but without any beneficial effect. She then consulted several eminent practitioners, and amongst them a leading physician in Dublin, who recommended galvanism, to be applied by means of a battery, but the result was the same as before. Preparatory to my making a laryngoscopic examination, it may be stated that the fact was proved that the loss of function was not due to hysteria, as she was placed completely under the influence of chloroform, when she did not speak, but continued to whisper. The instrument then showed that the vocal cords were in a very relaxed state, and crumpled up, as it were, near their middle, but otherwise apparently quite healthy, and galvanism seemed clearly indicated in the case. It was therefore strongly recommended to apply it for some time by one of Pulvermacher's chains, but this failed, when it was continued by means of a metallic brush for a much longer period, but there was not the least return of the voice. Knowing that the alternation of topical remedies often proved efficacious in the treatment of chronic inflammation of mucous passages, they were prescribed during the whole of this time, but neither of them, combined with the former, produced any good effect. The cords were then faradized by means of Mackenzie's electrode, when, after very few applications of the electro-magnetic current, the voice

was partly restored, but as a very harsh "croak" at first, and very monotonous. She was asked to sing over a scale of music, but every note was pronounced in the same tone, and she could not modulate her voice, either piano or fortissimo. After the current had been repeated at gradually lengthened intervals, however, the voice was permanently restored, and now she speaks in a clear and natural tone, which had been lost for nearly five years. She was seen a few weeks ago, and I heard from her own lips that the cure had been permanent.

*Remarks.*—This patient, anxious to regain her voice, had previously given everything prescribed for her, both local and constitutional, a fair trial. Tonics and zinc pills were persevered in for a very long time, as well as the inhalation of vapors impregnated with different volatile principles. Powders were introduced by insufflation, and this again followed by various escharotics, but without the least benefit resulting until the vocal cords were faradized, which proved there had been no structural disease, but that the case resolved itself into one of functional asphonia or vocal weakness. The case requires no further comment, but the superiority of the internal method of faradization must certainly be admitted.—*London Lancet.*

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**Aspidium Argutum—New Remedy For Tape Worm—By J. H. BUNDY, M. D.**

Attention was first called to this fern by Dr. Behr, in 1852, who, it seems, has used it ever since with marked success in the treatment of tape worm, and for some reason unknown to us has not notably brought it to the notice of the profession. Having a case of tape worm on hand, was hunting for the quilled bark of the pomegranate, when the druggist—W. H. Bowman—called my attention to the aspidium argutum, with the use of it made by Dr. Behr. I resolved upon trying it, following the method of Dr. Behr, which is as follows:

After fourteen hours fasting (from food and water), gives 2 drachms of the green root rasped every hour until three doses have been taken, and in a few hours give a full dose of castor oil.

Not having the green root, and the patient being a girl 10 years

old, I used the recently dried root in powder, giving 1 drachm every hour, mixed with water, followed by the oil three hours afterwards. I visited the patient the next morning and found she had passed a tape worm 15 feet long, head and all. It gave the least discomfort to the patient of anything I have ever used for the purpose; in fact, the oil was the only thing complained of by the patient. This is but one case; but its prompt action in producing the desired result is sufficient in warranting a further and fair trial in the future. I understand that there has been a change in the name, from *aspidium argutum* to *aspidium rigidum*. A sample of it can be obtained of H. Bowman, Oakland; sufficient at least for a practical trial.—*Cal. Medical.*

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#### **Oxalate of Cerium in Pertussis.**

Dr. Morje, in accordance with Dr. Clarke's recommendation, has tried oxalate of cerium in the spasmodic stage of whooping-cough. Not only was the frequency of the attacks reduced, but their intensity was also lessened, in each case giving the patient a good night's rest, and invariably shortening the second and most severe stage of the disease. The remedy was employed in ten cases, of which seven were females. Two of the cases were complicated with other diseases. The mode in which the oxalate of cerium was administered was always the same, a single dose each day before breakfast. The ages of the patients under observation ranged from one to seven years, and the oxalate was administered in half-grain to three-grain doses. In every case the remedy was continued one week longer than there was any existence of the whoop, to obviate the possibility of a relapse. The advantages claimed for oxalate of cerium are that it decreases the attacks, and thereby reduces the violence of the disease, often checking it instantly. It is easily administered, as only one dose is required in the 24 hours. Nocturnal quietude is insured. The possibility of complications is lessened.—*Ex. Gaillard's Medical Journal.*

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#### **Chronic Dysentery.**—By R. J. KELLUM, M. D., St. Charles, Minn.

Mrs. A., æt. 73 years, has had for fifteen years chronic ulcers on the outer aspect of both legs, except when confined to the bed from

sickness, when they would heal. Last September she had an attack of dysentery; whilst confined to the bed ulcers had healed as usual. Dysentery, however, ran on into a chronic form. She was told by her medical attendant that the bloody, mucous and pus-like discharges were the result of abscesses formed internally, consequent on the healing of the ulcers, and that she could not recover. I was called January 20th—patient greatly emaciated, having from ten to twenty discharges daily—purulent, bloody and very offensive, anxiously looking for death as a relief from her sufferings.

Diagnosed chronic dysentery, although the possibility of a metastasis of the diseased action from the limbs to the mucous coat of intestinal canal; applied blisters two-thirds around the limbs at seat of the old ulcers, dressed with irritating unguent.

A succession of small blisters over colon, painting whole abdomen with tinct. iodini. argenti nitras, grs. x, in three ounces of water, thrown into the rectum slowly through a long tube, night and morning. Pulv. opii. gr. i; plumbi acetat. grs. iii; for one pill to be taken after each movement of the bowels; to be thoroughly annointed with cod-liver oil night and morning, and to take maltine (Reed & Carnrick) as a restorative. Result, rapid recovery.

All appearance of blood and pus had disappeared from the discharges, so that by the first of February the action of the bowels was normal as to frequency and consistency, and the patient rapidly gaining appetite and weight.—*Med. Summary.*

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### **Chloroforming During Sleep.**

The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of Medical Jurisprudence at the meeting of the Medical American Association, a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibbs' chloroform, and occupied about seven minutes in the operation.

The second case was a boy of thirteen, who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby calling when the boy was asleep, administered the chloroform and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success.

Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way; and, secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.—*Medical Advance.*

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#### **Progress of the Telephone.**

Lowell, Mass., is connected by telephone with over one hundred cities and towns in the states of Massachusetts, New Hampshire, and Rhode Island. The longest circuit is from Springfield, Mass., via Worcester, Fitchburg, Lowell, Lawrence to Exeter, N. H., over 150 miles, which is worked successfully. The telephone business between Boston and Lowell, a distance of 26 miles, amounts to \$3,000 annually. The Lowell District Telephone Company, which owns and operates the systems of Worcester, Lowell and Fitchburg, and the lines of the Northern Massachusetts Telephone Company use 2,500 telephones, and pay the American Bell Company a monthly royalty of over \$1,200. The company control over 1,500 miles of wire, and employs in all divisions about one hundred persons.

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#### **Abortive Treatment of Variola.**

Considering that variola is essentially a zymotic malady, Dr. Bouyer had the ingenious idea of arresting the fermentation, and his choice of medicines was salicylic acid. At present success appears to have crowned the efforts of others. The twenty observations constituting the basis of his article, give the following results:

The eruption is most discrete; the fever of suppuration is always moderated and often prevented; the pustules are less in quantity and smaller in size, and less purulent in confluent cases. The accidents, generally, are little alarming—even insignificant; the complications are rare; the duration of the disease is considerably abridged; the cicatrices on the face are nothing; the convalescence is rapid. Salicylic acid powerfully moderates all morbid movements, humoral fermentation, fever, suppuration, nervous symptoms, etc. The benefits of the acid are more apparent after the height of the diseases.

M. Bouyer, a physician extensively known, is a clear observer and an indefatigable worker. We recommend his work to the attention of our *confreres*.—*Journal de Therapeutique—Va. Med. Monthly*, May.

**Smallpox in a Fœtus in Utero when Mother had been Vaccinated and had never had Variola.**

Prof. Labbe says that at the birth of the child the pustules seemed to have existed seven or eight days; they were larger than ordinary, umbilicated and differed from pemphigus and all other skin affections. The child died a few moments after birth.

Vidal explained the case in the following way: From the condition of the child's skin and the history it must be assumed that at the time of conception, in November or December, 1879, the father of the child must have had variola. The mother of the child had been vaccinated in early life and hence had not taken the disease from the man, nor has she been afflicted since. It must follow, therefore, that the poison was in the semen, and remained latent in the fœtus till shortly before birth.—*Medizinische Neuigkeiten*, No. 10, 1881.

**Manaca in Rheumatism**—By DR. L. A. VAWTER, Greenfield, Ind.

Some time since a sample of fluid extract of manaca was left with me, which I have used in two cases of rheumatism with more satisfaction than any drug I have ever exhibited in that disease. One case, that of a man some sixty years of age, with a severe type of chronic muscular rheumatism, I gave the manaca in eight drop doses

four times a day, with no other remedy except warmth to the limbs, increasing my remedy three or four drops per day. Improvement began in twelve hours after beginning the remedy, and he improved finely for a few days, when my patient took a notion that he would get along without any more medicine. He found, however, that when he stopped his remedy, improvement stopped. I induced him to begin the use of his remedy again. This was followed in the course of few hours by an amelioration of all the symptoms.—[*Therapeutic Gaz.*, March.

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### **Typhoid Fever Treatment.**

Dr. Hallopeau (*L'Union Medicale*) proceeds in the following manner: As soon as the patient enters the hospital, we give him 15 to 20 grains of calomel. The day after we give salicylate of soda, 30 grains—or the sulphate of quinia, 15 to 22 grains—at a dose, followed by these two medicines alternately. We also prescribe cold lotions several times a day. In the ataxic form we use digitalis with the cold baths, by which the visceral congestions are combated. Every two hours some food is given—a cup of milk or of beef soup. During the day over two pints of milk were taken by each patient. If these medicines were not given, the temperature, morning and evening, remained the same—showing that cold baths alone could not reduce the temperature.—*Va. Med. Monthly*, May.

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### **Orchitis.**

If J. W. Hollingsworth will try this prescription for orchitis, I think he will be pleased with the result. Have the parts well washed with soap and water, then apply a solution of nitrate of silver, thirty grains to the ounce of water, and in two or three hours increase the silver to ninety or a hundred grains to the ounce, and apply once or twice a day until the swelling disappears, also, use the suspensory bandage.—J. R. WILSON, M. D., in *Medical Brief*.

Harrisburg, N. C.

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### **Borax in Hoarseness.**

This salt has been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The



remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A little piece of borax, the size of a pea, is to be slowly dissolved in the mouth ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*Medical Times*.

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#### **Carbonate of Ammonium Increases the Action of Bromide of Potassium.**

Dr. Ramskill, in London *Lancet*, May 7th, says he gives carbonate ammonium with the bromide of potassium, because the carbonate is antacid and stimulant. Dr. Ramskill finds that from 45 to 60 grains of bromide sufficient for one day. He does not agree with Voisin that it must be given until reflex nausea is suppressed on introducing a spoon as far as the epiglottis. Bromide has more influence over the *grand mal* than the *petit mal*. Bromism should be avoided. At night inunctions of camphor-chloral do good.—*North Carolina Med. Journal*.

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#### **Seminal Emissions.**

Bumstead gives the following prescription for its special tonic effect upon the genital organs:  $\mathcal{R}$  tr. ferri chloridi  $\mathfrak{z}$  iii.; ext. ergot. fld. (Squibb's),  $\mathfrak{z}$  iii. M. et. sig: A teaspoonful in water after each meal.

As a direct means of diminishing the frequency of the emissions, he recommends:  $\mathcal{R}$  Potass. bromidi,  $\mathfrak{z}$  i; tr. ferri chloridi,  $\mathfrak{z}$  i; aquæ,  $\mathfrak{z}$  iii. M. et. sig: From one to two teaspoonfulls in water, after each meal, and at bedtime.

The avoidance of tobacco in all its forms, cleanliness of mind and body, laxatives when needed, and, in a word, attention to the rules of hygiene, are to be strictly enjoined.—*Canada Medical Record*, March.

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#### **New Remedies in Skin Diseases.**

Dr. John V. Shoemaker, of Philadelphia, in the Transactions of the Pennsylvania State Medical Society, highly recommends oleic

iodoform in a great variety of cutaneous affections, such as scrofulous abscess, boils and carbuncles, chronic ulcers, psoriasis of the scalp. It is prepared by dissolving twenty-four grains of iodoform to the ounce of oleic acid. It never becomes rancid, and the odor of iodoform is disguised. Oil of ergot he also finds very valuable in seborrhea of the scalp and genitals, acute eczema, erysipelas, nasal coryza, ulceration of cervix, etc.—*Pacific M. and S. Jour.*, April.

### The Uterus.

T. Gaillard Thomas opposes the use of direct applications to the interior of the body of the uterus, except in rare and exceptional cases, on the ground that they very generally fail to cure the disease, and are by no means void of danger. In their stead, he recommends for chronic corporeal endometritis, careful attention to the general state, removal of displacements, care of laceration of the cervix, extirpation, if possible, of any existing neoplasm, and if uterine enlargement exists, the free use of ergot.—*Maryland Med. Jour.*

### Oxide of Zinc in the Treatment of Diarrhœa.

M. Cousin recommends, in le Marseilles *Méical*, the use of the following formula:  $\mathcal{R}$  zinc. oxidi,  $\mathfrak{z}$  j; sodæ bicarb,  $\mathfrak{D}$  ss.; ft. chart. No. iv. M. Sig. One every three hours.

Or, Strecher, of East St. Louis, Ill., recommends the following: Pepsin,  $\mathfrak{z}$  ij; morphia sulph., gr. iij.  $\mathcal{R}$  Carbonate of zinc, gr. xij; subnitrate bismuth,  $\mathfrak{z}$  jss. M. Divide into twelve powders, one as often required.

### To Prevent Pitting After Small-Pox.

$\mathcal{R}$ . Carbolic acid,  $\mathfrak{z}$  i to  $\mathfrak{z}$  iiss; Olive oil,  $\mathfrak{z}$  ii; Prepared chalk,  $\mathfrak{z}$  ii. M.

Apply to the face by means of a linen mask having openings for the eyes, nose and mouth. Suppuration is less in duration and intensity than upon portions of the body left uncovered; where the stage of suppuration begins on the thirteenth to the fifteenth day; upon the face it occurs on the ninth to eleventh day. The mask is generally removed when dessication commences.—Schwienmer in *L Union Med. du Canada* for March, 1881.

**Alexis St. Martin.**

Many of the readers of the *Lancet* will recollect the remarkable case of this patient, whose chest was shot away, leaving a large opening into the stomach, and the observations on digestion made by the late Mr. Beaumont, of Toronto, and by physiologists in London. The poor man has just died, in great distress. For the sake of science it is to be hoped his stomach has been preserved, and may find a place in the museum of the College of Surgeons.—*London Lancet*.

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**Salicylic Acid for Cold in the Head.**

Dr. H. H. Fair says: I have been using salicylic acid for some two years for the frontal pain with coryza and increased lachrymation, occasioned by cold. This affection sometimes gives great pain and is often very difficult to reach with the usual remedies employed. Salicylic acid given in ten grain doses every two or three hours will give prompt relief. In my experience the third dose has hardly ever been necessary.—*Therapeutic Gazette*.

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**Syphilis.—Iodia.**

W. H. Wallace, M.D., Wallaceburg, Ark., writes: I have treated several cases of secondary syphilis with good results with iodine in the following combination: *R.* Iodine, one ounce; iod. potass., one-half ounce; proto. iod. hydrarg., three grains; tr. colch. rad., four drachms; syr. stillingia comp., ad., six ounces. *M. Sig.* A deserts-*ter* spoonful *ter* in *die*.

It is the ideal alternative.—*Medical Brief*, April.

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**Phosphide of Zinc in Locomotor Ataxia.**

Dr. Hastings Burroughs (*Medical Press and Circular*) gives this drug in one-eighth grain pills—one a day for a week, and then two daily, and so on up to five. He has treated his cases successfully thus far.—*Phil. Med. Times*, March 12.

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**Listerism in Lyons.**

M. Letievant reports that since the adoption of Listerism in the Hotel Dieu, at Lyons, the mortality in the surgical department has diminished from seven to four per hundred.—*Gaz. Hebdom.*, May 27.

## EDITORIAL.

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**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

For terms of advertising, address GEO. C. PITZER, M. D., 1110 Chambers St., St. Louis, Mo.

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### What is an Eclectic Physician?

“Can a physician be a true eclectic and refuse, under any and all circumstances, to use calomel?”—John Blevins, M. D.

Prescribing calomel will not make an eclectic physician of anybody. Neither will the rejection of it from the practice of any man make him an eclectic physician. The eclectic school of medicine does not depend upon mercurials for its existence. The term eclectic signifies to choose, and, of course, no choosing can be done without leaving something out. Generally, indeed, we might say always, electics aim to select the best, regardless of sources or schools, but they frequently make mistakes, like other men. Indeed, they sometimes do very foolish things, and prescribing calomel, in this day of progressive medicine, would be regarded as a weakness, or evidence of ignorance regarding the proper relations of therapeutics and pathology. Not that calomel kills everybody; not that it may not, under certain circumstances, do even more good than harm, for we know it is capable of exciting glandular structures, etc., but we pass it by just as we would an old worn out garment that we might don a new and better suit. There are so many things, taken singly or in combination, that are so far superior to calomel, safer and more efficient, that we have no further use for it

as an internal remedy; as a destructive agent, used externally, mercurials are effective in destroying vermin, and they can be used to advantage as local measures in some skin diseases. But it is a weakness of some of the most successful members of our school to still use a little mercury occasionally. This they may do if they choose, and there is no law, no code of ethics to say no, or interfere in the least. Our school, as a body, long since planted itself upon a broad platform, cut loose from cliques and rings, and to-day occupies an independent stand in the medical world, ready to endorse, condemn, reject or appropriate whatever may be presented, in this country or any other, no matter from what source or by whom presented.

This school has for years waged a bitter war against the depressing anti-phlogistic treatment of disease, and the results are marvelous. Let anybody read Watson's physic, and then turn to our notice of Reynolds' system of medicine and read our quotations from Reynolds. The contrast is as marked as can be, and we claim that, while there have been progressive minds in all schools of medicine, the great change that has been wrought in therapeutics in the last forty years is mainly due to the energy and aggressive movements of eclectics. They have done a great deal of this work through the people. Enlightened people would not tolerate barbarous practices and when they cried out against the lancet and mercury, being urged to do so by eclectic physicians, the perpetrators of such ghastly deeds as venesection and ptyalism were forced to abandon. But this mission of our school is about closed. Other fields are opening, disease is being more carefully diagnosed, medication is becoming more direct, and the old tune "general principles," which means "guess, cut, and try," is fast passing into oblivion. Positive diagnosis and direct medication furnish the leading thoughts and prominent features of American medicine to-day, and he who shows himself to be most familiar with, and the most successful in teaching and practising from these standpoints will certainly gain the greatest applause.

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#### **Listerine in Diphtheria.**

We had used listerine in some bad cases of ulcerated stomatitis with the happiest results. Two weeks ago a case of diphtheria fell

into our hands, when we determined to test listerine again. We had it applied locally, full strength, with a camel-hair brush, and ordered half a teaspoonful every two hours, alternated with the following: *R.* Dilute phosphoric acid,  $\mathfrak{z}$  ij.; tinct. aconite, gtt. xx.; water,  $\mathfrak{z}$  jv. *Mix. S.* One teaspoonful every two hours. We never saw any case of diphtheria progress more satisfactorily. We have certainly found an excellent remedy for this disease. Formerly we had relied upon chlorine for diphtheria, and have never had any reason to be dissatisfied with its effects. But it is somewhat disagreeable to handle and take, and if we can get along with more pleasant remedies let us do so. Our method of using chlorine has been to prepare it by adding muriatic acid to chlorate of potash, and then, while the bottle was still full of the fumes of chlorine gas, gradually fill it with water. The water rapidly absorbs the chlorine gas, and we have the medicine in fluid form; a powerful antiseptic. But listerine is a powerful antiseptic too, and it is so pleasant, both as a local and internal measure.

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**State Laws—Boards of Health—Their Certificates in Other States.**

The following correspondence will answer many questions that are put to us almost daily. It will be found that certificates of boards of health are good only in the states where they are given. Physicians registered on these certificates cannot be regarded as graduates in medicine, and when they offer to enter a medical college they must come as other students. No credit will be allowed for practice, or privileges granted on account of certificates from state boards:

ST. LOUIS, August 4, 1881—Hon. Wm. L. Ewing, Mayor: SIR:—I respectfully request the opinion of the city counsellor on the following matter:

Section 1 of article 12, chapter 14, of the revised ordinances of the city of St. Louis, approved March 29, 1881, states that "It shall be unlawful for any person to practice medicine or surgery in the city of St. Louis who shall not first have received the degree of doctor of medicine from some medical college or university duly established under and by virtue of the laws of the state or county in which the same is situated." Section 1 of the laws of the state, being an act regulating the practice of medicine and surgery, approved April 28, 1877, is similar to the ordinance above quoted.

The state of Illinois has a state board of health, and under

the law parties desiring to practice medicine in that state present themselves before this state board, show their diplomas, or, where they have no diplomas, pass an examination, and upon this examination, or upon their diplomas—if they be satisfactory—are granted a permit, and a certificate is given allowing them to practice medicine in the state of Illinois. The question I wish the city counselor to determine is, is it proper and legal for the register of the city of St. Louis, acting under the state law, or the health commissioner of the city of St. Louis, acting under the ordinances of the city, to allow parties to register as physicians who can present nothing but the certificate of the state board of health of Illinois? In some cases the certificate states that the party has had a diploma from some college, and that the same was lost or destroyed, and in other cases the parties have passed a satisfactory examination before the board. The state board of health of Illinois is not a medical college or a university.

Are we obliged to register such persons as practicing physicians, simply on the certificate of the state board of health of Illinois, that they have passed examination or that the party has had a diploma and that said diploma was lost or destroyed? Is a certificate of the state board of health of Illinois sufficient evidence of the existence of a diploma, or must the diploma itself be presented? Respectfully,

CHARLES W. FRANCIS,  
Health Commissioner.

THE OPINION.—ST. LOUIS, August 4, 1881.—Hon. W. L. Ewing, mayor: SIR—Under section 6,301 of the revised statutes of the state and also by section 1 of article 12 of chapter 14 of the revised ordinances of the city, it is unlawful for one to practice medicine or surgery in St. Louis without first having received the degree of doctor of medicine from a medical college or university duly established, etc., subject to the exception that the law does not apply to such persons as were authorized to practice medicine or surgery by laws in existence when the above provisions went into effect.

The law and the ordinance contain appropriate provisions by which persons engaging in the practice of medicine after the passage thereof are required to file copies of their diplomas with the county clerk and health commissioner.

These last-mentioned provisions are not, in my opinion, complied with by filing a certificate of the state board of health of Illinois to the effect that the party in question has a diploma, or has passed a satisfactory examination before said board. In the first-mentioned instance the diploma or a copy of it should be produced, or its absence accounted for. In the second-mentioned instance the examination by the state board of health is of no avail.

The foregoing views are intended to answer the health commissioner's letter of this date. Your obedient servant,

LEVERETT BELL,  
City Counselor.

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### **Electricity in Medicine and Surgery.**

It will be observed that we have commenced our papers on electricity, and we can assure our readers that these articles will be continued from month to month, till the whole subject is exhausted, so far as we are able to unfold it. We mean to go on from step to step, presenting the principles in such plain words, and showing the instruments and batteries to such advantage that every intelligent reader may learn how to operate all the machines in common use by electro-therapeutists. Different forms of galvanic batteries will be shown, and the reaction of different elements. Faradic machines, from Gaiffe's pocket to Kidder's ten current, will be fully illustrated.

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### **Maltine and its Combinations.**

Enterprising pharmacists have done so much for the medical profession the last few years, that but little remains to be done by the physician who dispenses his own medicines but to make the proper selection from the vast number of excellent ready-made preparations now in the market. At one time, for a physician to dispense his own medicine meant work, and hard and tedious work, too; roots were to be powdered, tinctures and syrups to be made, and then care, with skill, experience and apparatus, had to be taken into account. It is not so now. We can obtain the isolated drugs if we want them, and that in excellent shape, and permanent form. Maltine is an example of this. Who that has used maltine does not know the superior excellence of this preparation? And then we have the combinations of maltine with beef and iron, cod liver oil and phosphates, hops, hypophosphites, pepsin and pancreatine, quinia and strychnia, wine, and many others, all ready prepared for dispensing. No trouble at all for the physician to dispense his own medicines now-a-days; in fact, it is a pleasure rather than a task.

Regarding these maltine preparations, we consider them of inestimable value. They are both food and medicine. Maltine is superior to cod liver oil any time, and it is far more palatable.



When we want to build up weak and emaciated patients, children who have suffered from cholera infantum, or adults that have had malarial or typhoid fever, maltine with pepsin will excite an appetite, aid digestion, and rapidly improve nutrition. And the maltine will nourish the patient as well as aid in the appropriation of other suitable articles of diet. If General Garfield had been given maltine with pepsin, instead of lime water, his digestion might have been better to-day. An occasional dose of lime water is good medicine in some cases, but its continued use is sure to weaken digestion.

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#### **Lactopeptin.**

We are more than ever in favor of this remedy for the indigestion of infants; say what you please about lactopeptin being unscientific, proprietary, give it any name you please, it is the finest thing I have found in its line. In all cases of cholera infantum where the alimentary canal was at fault, this remedy has promptly met the indications. It immediately gives tone to the stomach, relieves thirst, aids digestion, improves nutrition, and the patient rests better, sleeps, eats, digests and lives. Recently I have been using the elixir of lactopeptin, and liquid lactopeptin. These are both of the same strength, and are beautiful preparations, very palatable, and readily taken by children in the most delicate condition. They are exceedingly convenient for dispensing, as one ounce added to three ounces of water can be done in a few seconds. I dispense all the medicine I prescribe, and I would not be without these articles, elixir of lactopeptin, and liquid lactopeptin. The powder is good, and is very conveniently carried, or sent out by mail.

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#### **Celerina.**

This is a combination of the medicinal principles of celery, erythroxylon coca, and viburnum opulus. Physicians of our school, especially, are familiar with the therapeutic effects of each of these drugs, and it is found that a combination of them in no way impairs the virtues of any; on the contrary, a powerful and refreshing tonic, lasting in its effects, is the result. We prescribe celerina extensively in cases of weak, tired and nervous women, and find that nothing gives better satisfaction. And in all cases, male or female, it will

restore the exhausted energies, renew the worn out body and wake up the sluggish brain. It is elegant in appearance, not unpalatable, and convenient for dispensing. It is not a patent medicine, no more than paregoric or Cox's hive syrup are such.

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### **The American Medical College.**

On September 5th, the seventeenth regular session of this college will commence. Everything is in better condition for thorough teaching and first-class work than ever before. See advertising page viii for terms, list of faculty, etc. A full class is assured, and already some are coming in and fixing themselves with boarding houses, libraries, etc. For full particulars send for announcements.

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### **Worthy of Record.**

The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Pepsin, the superior food and nutritive tonic, have taken the initiative in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's Beef, Cod Liver Oil and Pepsin so that it will come under the head of a patent medicine.

—*Exchange.*

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### **Thorp & Lloyd Brothers.**

This is the firm name which succeeds Merrell, Thorp & Lloyd. Read their announcement in this journal, commencing on page immediately following second cover page, where sufficient endorsement is found to satisfy anybody.

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### **Wm. S. Merrell & Co.**

Read Wm. S. Merrell & Co.'s paper on "substitution, its dangers," found between pages 338 and 340.

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### **Celerina.**

Drs. Charles Zoller, of Litchfield, Ill., and N. S. Read, of Chandlersville, Ill., recommend this remedy very highly in cases of sexual exhaustion; the former also in the opium habit.

**Horsford's Acid Phosphate.**

Acid phosphate should not be forgotten. As an appetizer, tonic, invigorator of the nervous system, it has few equals. As a luxury, a few drops in a tumbler of cool water, it is far superior to lemonade. It is equally as palatable as lemonade, and the invigorating effects, which are plainly manifest, make it far superior to any drink used as a luxury.

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**BOOK NOTICES.**

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**REYNOLDS' SYSTEM OF MEDICINE.**

We referred to this work last month. Since then we have had the pleasure of more carefully reading the first volume, and we are prepared to confirm what we first said—it is a work of great merit. This first volume treats of general diseases and diseases of the nervous system, and each subject is presented and handled in a careful, able and exhaustive manner. J. Russell Reynolds, the editor of this work, is professor of the Principles and Practice of Medicine in University College, London, and is one of the most accomplished men of the present age. Withal, strange as it may seem, he is an independent thinker and writer—a giant intellect with broad views.

Defining disease he says: "Disease may be defined to be any condition of the organism which limits life in either its powers, enjoyments or duration." He goes on to state, "It is the man who is ill; and, under all circumstances of illness, he has a diminished life. Some organs may be over active; but this excess of work is needed either because work elsewhere has been left undone, or because it has been done so roughly that parts of organs have been killed before their time, and their wasted materials have to be changed and got rid of with all haste; or because that which held their activity in check has been damaged or destroyed. At all times such overwork is fatiguing and hazardous; often it is directly dangerous, and sometimes it is destructive."

Approaching therapeutics, Prof. Reynolds says: "To the most superficial observer it must be obvious that therapeutics have undergone great and important changes; that the mode of treatment now adopted for many diseases is just the opposite of that which was in

vogue a generation ago, and which lingers even in recent editions of standard books, although their authors have long since ceased to follow the directions which they still give to others. A few years ago the treatment of inflammation of an important organ was laid down definitely; such and such things were to be done, and no questions were to be asked as to whether the case was of this, that, or the other type. Inflammation was there, and blood was to be taken; low diet was to be enjoined and lowering medicines were to be exhibited; and supposing the inflammation did not yield, the forces of attack were to be again placed in action; but here, evidently, there crept in some distrust of the theory at the bottom of the practice; for instead of general bleeding, leeches or cupping were to be employed, and these only to a mild degree. Some how or another the inflammation was to be put down, and it not rarely happened that the process urged against the bugbear inflammation proved fatal or highly injurious to the patient. If we can by bleeding, and by it alone, save the eye-sight which may be threatened by iritis, or if we can by depletion save a life which is endangered by laryngitis, we are quite justified in adopting that measure, although it may entail some injurious consequences. It would, however, be as unkind as it would be unphilosophical to relieve the pain of a simple pluerisy by abstracting blood in such amount as should damage the individual in after years, when equal relief might be obtained by poultices and patience.

We still find it written, if these conditions are found—a hard, full, strong, frequent pulse, with great heat of skin, no prostration, impending evil from this condition being patent as the phenomena themselves—then bleeding, antiphlogistics, and the like must be employed. But, as a matter of fact, we do not find these cases, and the more common *on dit* of medical practice is to the effect that as the inflammation seemed extending, the quantity of wine has been doubled, the supplies of beef tea increased, and bark and ammonia given more frequently. Partly to account for, and partly to justify, so material a change in our mode of dealing with disease, it has been assumed that the *vis vitæ* of the British constitution has been lessened, or that the so-called type of its maladies has altered; an assumption which has little to be said in its defence, and still less that can be regarded as its establishment. A more simple, and

we believe, accurate explanation of the change is to be found in this, *that previously theory was the ground-work of therapeutics, and that now fact is the basis of treatment*: that, years ago, diseases were treated by their names, and that now they are treated by their known conditions; that local changes were the main guides in times gone by, but that the general state of the patient is that which in these days the physician esteems as his therapeutical informant. "If the general condition be one of weakness, it matters not that the brain, the heart, or the lungs may be in a state of so-called 'inflammation'; the weakness is the one thing that demands immediate treatment, and to neglect its treatment is to run the risk of sacrificing the patient to a theory of a compound state even now but imperfectly understood."

From the above our readers may draw pretty correct conclusions as to the general principles upon which Prof. Reynolds treats disease. And we would have our readers bear in mind that this work is not all Reynolds'. In setting up this elaborate system, he has secured from this country and Europe monographs on various topics of importance, written by the ablest men in the profession, and known to be particularly learned in the departments for which they have furnished papers. And as Prof. Reynolds has had the selection of these authors and papers, knowing his principles as we do, we are assured that such an array of talent, displayed by men of broad views can hardly be estimated. This is not a book or a system of medicine by any one man, but a selection, collection and arrangement of monographs, prepared by the best talent in the world. More will be said regarding this system from time to time, as we examine vols. ii and iii.

The work is sold by subscription only. J. H. Chambers & Co., St. Louis, Mo., are the agents for Missouri, Illinois, Iowa, Nebraska, Kansas, Arkansas, Texas, Alabama, Georgia, Florida, South Carolina, North Carolina, Dakota and Indian Territories. Although they have canvassed but a small portion of their territory, they have already sold five thousand four hundred copies.

Price, three volumes, cloth, \$5 each. Leather, \$6 each.

Outside of the territory held by Chambers & Co. application should be made to the publishers direct, Henry C. Lea's Son & Co., Philadelphia, Pa.

**A TREATISE ON DISEASES OF THE NERVOUS SYSTEM.** — By William A. Hammond, M. D. Seventh edition, 1881, rewritten, enlarged and greatly improved.

This is a book of nearly one thousand pages of solid matter, including one hundred and twelve illustrations. Cloth, \$6 00; leather, \$7.00; D. Appleton & Co., publishers, 5 Bond Street, New York City.

All our readers should know Wm. A. Hammond, once surgeon-general of the United States army, and now professor of diseases of the mind and nervous system in the medical department of the University of the City of New York. Whatever may be said of the author of this work, from the stand-point of medical ethics, nobody can deny that he is as nearly master of his subject, diseases of the nervous system, as any man in this country, perhaps he is the best authority we have, and his works give general satisfaction wherever introduced.

All general practitioners, in city and country, are likely to meet with cases of chorea, paralysis, delirium tremens, hysteria, locomotor ataxia, neuralgia, etc., and then it is a great satisfaction to have an exhaustive work like this to refer to. Of course, these diseases are treated in ordinary works of theory and practice, but, comparatively speaking, they are merely hinted at. Books on general practice are particularly devoted to no one subject, and only in such books as this, or in a general system of medicine, comprising several volumes, can we expect to get the information we want. This book is not a mere compilation of theories, but it is full of practical matter, based upon the observations and actual experience of the author. All the modern instruments used in the diagnosis, as well as in the treatment of disease, are clearly described and plainly illustrated. The ophthalmoscope, cephalohæmometer, æsthesiometer, thermometer, thermo-electric differential calorimeter, dynamometer, dynamograph, and electrical apparatus, embracing a description of galvanic batteries, Faradic batteries, magneto-electric and Franklinic machines.

Regarding therapeutics, Prof. Hammond is far in advance of many of his associates. Like Bartholow, he is eminently a therapist. It is a fact that some authors dwell almost wholly upon pathology. Flint, for example; but, while Hammond does not

neglect the pathology, he gives great prominence to therapeutics in all his works. This is what the practitioner wants, and all who desire to be well prepared to meet the emergencies of nervous disease, cannot do better than to procure a copy of Hammond's book. I have sold this book for several years, and I have yet to meet a single man who was not pleased with it. Besides being full of instructive matter, it is entertaining; the recitation of so many cases in practice, presented in such plain style, and the treatment clearly delineated, makes it eminently interesting.

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### MISCELLANEOUS PARAGRAPHS.

**On the Etiology and Treatment of Acne.**—By LE GRAND N. DENSLOW, M. D., Attending Physician for Diseases of the Skin to the Out-door Department of Bellevue Hospital.

Acne I define as a disease characterized by inflammation in or about the sebaceous glands, due either to a retention of sebaceous matter in the glands from over-secretion, or to accumulation of the same from inertia or inadequacy of the expelling force; also to a combination of these two causes. The last would seem to be most frequently the cause, as distention from accumulation would alone render inefficient the force which, before distention took place, was capable of emptying the glands of their normal product. In either case, when due to over-secretion or to inertia, the result to be obtained is the same—*i. e.*, to place the expelling force on an equal footing with the amount of work to be accomplished. This expelling force I believe to lie in a great measure in the superficial unstriped muscular fibres of the skin, and the expulsion to be accomplished by their bringing direct pressure to bear on the glands themselves, and, through their alternate contractions and relaxations, regulating the superficial blood supply, thereby controlling, as well, that portion of it which maintains the proper amount of nutrition to the glands and to the vessels themselves.

It would appear that the unstriped muscular fibres become inadequate for their task under two conditions: First, at any time when an unusual activity occurs in the gland, and consequent abnormal secretion, as at puberty, also when there is local irritation from cold

heat, cosmetics and the like. Secondly, when, from some physiological or other constitutional disturbance, their innervation and blood supply are interfered with to an extent sufficient to check their activity, causing inertia and consequent atrophy. Among the special disturbances may be mentioned puberty, menstruation, both normal and difficult, uterine diseases in general and intestinal derangements; I say special on account of the well-known intimate physiological connections which exist between these organs and the circulation of the face. No doubt this list could be augmented by as many more causes, both debilitating and reflexly irritative, as for instance, mental derangements.

Many writers have described acne as a purely local affection; but several have considered that it is often but a secondary manifestation of some pre-existing irritation from either functional or organic derangements. Piffard places it in the group of reflex affections, in consequence, as he says, "of a firm belief that in the great majority of instances it is not a primary condition, but one dependent upon irritation, derangement or disease of other organs, reflected upon the skin, the spacial organs involved being those connected with the sexual and digestive systems." No one has as yet explained the manner in which this reflex action causes an inflammation in and about the sebaceous follicles, except by disturbing the superficial circulation; and, as there is no method whereby I can demonstrate to a certainty what I have said regarding the part which the involuntary muscular fibres of the skin take in the causation of acne, I am obliged to resort to clinical results to bear me out.

Having come to the conclusion that in a great many cases acne was persistent long after the primary cause had been removed, either from age or by recovery, I formed my present theory. Appreciating the action of ergot upon other unstripped muscular fibres, I began giving the drug continuously, in half-drachm doses of the fluid extract three times a day, upon the hypothesis that, if it would cause certain alternate contractions and relaxations in the muscles of the skin, they would soon regain their normal condition and strength, and at the same time tend to restore the superficial circulation to its normal condition. My expectations were more than realized, in that in all the cases improvement was speedy, and in



one instance the disease has not yet recurred, although several months have elapsed since the cure of the disease.

I do not contend that these cases will prove conclusively the efficacy of ergot with all aches, but they do show at least that this drug did have a marked influence over the condition in these instances, as I can hardly believe that such old cases recovered spontaneously. My desire is that the use of the remedy may be resorted to in a sufficient number of cases in order that we may be able to judge more definitely as to its real merit. As an adjuvant to other modes of treatment it may prove of service, and, if only temporarily controlling the inflammation, may save many a scar occurring, while the primary disease or condition is being combated. The conditions where ergot would be inadmissible will of course be appreciated, and the drug withheld. I am administering ergot now, alone and in combination with iron, quinine and other remedies, as the case may seem to require, together with local and other general measures which seem to be indicated, and hope to be able, at a later date, to give more definite results, either pro or con. Electricity has been used locally as a stimulant with good results. Both of these remedies I believe to act in a similar manner, as I have already stated, namely, by improving the condition of the superficial unstriped muscular fibres of the skin, thereby aiding in the expulsion of the sebum, and regulating the superficial circulation.—*New York Medical Journal.*

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**Potassium Bromide in Infantile Diarrhoeas**—By F. CHARLES LAWRENCE, A. M., M. D., Kerrville, Texas.

During the summer months of 1879, I was daily called to prescribe for children suffering from the various forms of diarrhoea. Many of these cases were the diarrhoea of dentition, in which a predominating morbid element was hyperæsthesia of the nervous system. I gave the bromide in doses of one-half to two grains, according to the age of the patient, and generally with intervals of two hours between doses. In twenty cases of this kind, diarrhoea and vomiting ceased after the administration of a few doses, the little patients falling into a quiet sleep. In seven of these cases, I found considerable swelling of the gums, which I ordered rubbed

several times daily with potassium bromide, gr. xxx, to glycerine and and water *aa.* ʒ ij. This comprised the entire treatment of the cases and the results were to me very gratifying. In another group of cases children from three to seven years of age, depending upon acidity of *prima viæ*, with stools more or less mingled with blood, and vomiting often present, the bromide in 1½ to 3-grain doses, with proper hygienic measures, gave good results, only about one case out of seven requiring any astringents or opiates.

Two cases of cholera infantum in last stages, though ultimately fatal, showed marked amelioration of morbid symptoms after a few doses of the bromide.

During the summer of 1880, I experimented with the bromide in the diarrhoea of adults. Many of these men were spending their first summer in a warm climate; the temperature was often over 100° in the shade at mid-day, while the nights were uncomfortably cold. The water was very bad, being muddy and often containing sulphate of lime or other alkaline substances in solution. When opportunity offered, the majority drank spirits of the vilest character to great excess, frequently living on the open prairie at night without even a blanket. Bromide of potassium in doses of five to ten grains in mesquite gum mucilage generally sufficed to control the morbid discharges, as well as to remove the irritated state of the nervous system, which seemed to occupy so prominent a position as a causative agent.

In all infantile diseases, notably so in diarrhoea of teething, nervous hyperæsthesia is a prominent element, and bromide of potassium would seem to be rationally indicated on theoretical grounds, and by its apparent beneficial action in the few cases in which it has been administered by myself and others.—*Cincinnati Lancet and Clinic.*

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#### Atropine in Urticaria.

Dr. Catrin (Bulletin General de Therapeutique Medicale et Chirurgicale, April 30, 1881) reports three cases in which the use of atropine in urticaria was attended by prompt success. The use of atrophine certainly seems to be indicated in this affection by the vaso-motor condition which is its cause. Urticaria as a symptom is most frequent in vaso-motor nervous affections.—*Chicago Medical Review.*

**Physicians' Headquarters.**

We would call attention to the advertisement of Thorp & Lloyd Bros., on advertising page xxx.

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Schwimmer considers that in those cases of urticaria which are particularly intractable, and when ordinary plans of treatment fail, he has found most astonishing results follow the administration of sulphate of atropia. The dose varies, ordinarily being one-sixtieth of a grain, morning and evening. Several cases are cited to enforce his statement. He regards urticaria to be due to vaso-motor disturbance or irritation, and thinks the results following the exhibition of atropia due to its action on the ganglionic system.—*Bull. Gener. de Therap.*

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**Art. LXV.—Inflammatory Rheumatism—A Case in Practice—  
Direct Medication.**—By A. W. BIXBY, A. M., M. D., McPherson, Kansas.

On June 6, 1880, at about four o'clock p. m., I was called to see Philo M., a money broker of this place, aged about 36 years. He was suffering from an acute attack of inflammatory rheumatism; had been confined to bed for two weeks, and under the treatment of a homœopathic physician during that time; had been growing worse for a week, especially for the last 48 hours before I saw him.

Condition or symptoms: Temperature,  $104^{\circ}$ ; pulse, 114, full and bounding; right arm and hand, ankles and feet, much swollen, and extremely painful; the pain tensive, throbbing; patient can't move them nor bear to have them moved; very severe pleuritic pain on right side; tongue broad, flabby and covered heavily with dirty, white coat; no appetite; eaten nothing for a week, and very weak; constipated—no action of the bowels for a week; nervous, despondent, and has been unable to sleep any for 48 hours; skin dry, hot, harsh. Treatment: *R. Fl. ex. ver. vir., gtt. x; fl. ex. macrotys, gtt. xxx; aqua, ʒ iv; M. Sig.: Teaspoonful every hour.* Also: *R. Salicylate of soda, ʒ iij; aqua mentha, ʒ iij. M. Sig.: Two teaspoonfuls every two hours.*

June 7, 10 o'clock a. m. Patient materially improved; slept during the morning; temperature  $100^{\circ}$ ; pulse, 80; skin inclined to moisture; pain of joints and side much mitigated; continued the treatment, and also ordered the following to provoke an action of the bowels. *R. Fl. ex. cascara sagrada; fl. ex. podophyllin, aa ʒj;*

dovers powder, gr. xx; syr. simplex, 3 vj. M. Sig.: Teaspoonful every four hours till bowels act.

June 8. Patient improving rapidly; secretion and excretions re-established; appetite returning; pain gone; swelling subsiding; able to use joints; temperature normal; pulse, 72 and natural. Continued the treatment, except the laxative, but diminished the frequency of the doses. Also put patient on two-grain doses of alstonia const. every four hours.

June 12. Patient continues to convalesce; good appetite; gaining strength; able to walk around; to-day stopped ver. vir. and cim. rac., but continued alstonia and salicylate of soda as follows: R. Alstonia const., gr. xl; salicylate of sodium, ʒ iv; aqua mentha, syr. simplex, aa ʒ ij. M. Sig.: Teaspoonful every four hours during the day-time.

The patient came down town and and continued his business on and after the 13th, though the last prescription was continued two weeks. The above is from my pocket-case book kept at the time. Why did you give the remedies specified, and what are the indications for their administration? may be asked by the thoughtful reader.

Veratrum.—Increased temperature, with full, bounding pulse, said ver. vir. Had the pulse been small, weak and wiry, aconite would have been the sedative.

Cimicifuga Racemosa.—The tensive throbbing pain indicated macrotys. It is a nervine and sedative.

Salicylate of Sodium.—It has been demonstrated that inflammatory rheumatic fever has a humoral origin—*i. e.*, it originated in the blood—and experience has proven the efficacy of salicylate of soda in antagonizing its cause, chemically or otherwise, in the blood. Hence its use as above.

Alstonia Constricta.—This agent exerts a stimulant tonic effect upon the cerebro-spinal center, and is specially indicated by a general prostration with a heavily dirty-coated tongue.

Cascara Sagrada—Podophyllin.—These agents were given as a laxative, because there were evidences of retained excrementitious matters that should be evacuated. You will observe that the system was prepared for the use of these remedies before they were administered, as it was also for the alstonia. Close observation and experience have taught, as I firmly believe, that a high fever, hot,

dry, harsh skin, are counter-indications for the use of quinine, alstonia const., mandrake and rhamnus purshiana, although they may be otherwise indicated. Hence, before administering any of these agents, I prepare the system, if necessary, by giving a sedative or diaphoretic. With such a preparation, if the agent is indicated, we will have a kindly, positive action for good in every case.

Cascara or podophyllin should seldom be given in large cathartic doses, but, as a rule, in small stimulant, tonic, laxative doses, if we would derive the greatest benefit from their use.

I have treated several cases of acute inflammatory rheumatism in about the same way as above with prompt, satisfactory results. If called in the beginning of the case, I cut it short instead of letting it run on two or three weeks, as this case had.

I believe in direct medication based on specific indications; and, should I meet with a case where rhus tox., bella., nux vom., phosphorous, aconite, bryonia, or any other agent should be indicated, I would follow the indications as promptly and with as much confidence as I followed the indications in this case for the remedies administered.

When I was first called, Mr. M. informed me that he was a strong believer in homœopathy, was afraid of allopathy, and knew nothing about the eclectic practice, and said he wanted me to be careful about giving strong medicine. I replied about as follows:

"Mr. M., I think I understand the principles of the three systems of practice, having studied them all pretty thoroughly, and believe I understand the medical use of drugs as well as I do their toxicological use; hence I will not injure you with my medicines. Years ago rheumatism was believed to be an unyielding foe. When a man was seized with its torturing pains, he was calmly told that his malady must have its time, run its course for four to six weeks, when, if he was still alive, he would probably get well. But this old theory has been exploded, and now the skillful physician can materially mitigate the disease from the beginning and almost always cut it short in a few days. I think you will be better by to-morrow, and able to be around in a few days."

The patient replied: "Why, that is what Dr. G. told me when he first came—*i. e.*, that I must make up my mind for a six weeks' siege; that he could relieve me, but the disease must run its course."

Though Mr. M. was a faithful believer in homœopathy, I have done all his practice since I was called to relieve and cure him of his rheumatics.

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**Art. LXVI.—Cases in Obstetric Practice.—By D. F. CECIL, M. D.**

Case 1. In the summer of 1874 I was sent for by Dr. W. to assist him to deliver Mrs. C. instrumentally. The lady had been in active labor forty-eight hours or more. The liquor amnii had been evacuated thirty hours; pains had ceased, and vagina dry and hot. Patient hot, skin hard and dry; os contracted and dry. Here was a case demanding speedy delivery. Had the membranes been entire, I would have advised different treatment from what I did. The doctor anxiously asked me if I had brought forceps. I told him no; but after making an examination I told him I thought I could deliver without them, and that in an hour and a half. He gave the case up to me. We gave her a teaspoonful of tincture of lobelia in warm water every fifteen minutes until she vomited freely, which she did most gracefully in a few minutes after taking the third dose. In the meantime we injected slippery elm mucilage in vagina. As soon as she vomited she had a long and hard pain. A vaginal examination revealed the os relaxing splendidly, and we gave a teaspoonful of fluid extract of ergot. She was delivered in one hour and fifteen minutes. The child was dead, but the mother did well.

Case 2. In 1875 Dr. L. sent for me to help him deliver Mrs. J. The waters had come away some eight hours previous. The doctor stated that the patient was so compactly built, and the bones of the child's head were unusually ossified, and that the head was in some inexplicable manner locked above the pubic arch, that the ultimatum would have to be instrumental delivery. I made an examination and found a most favorable presentation. In our consultation I told him so. While we were talking she had a very hard expulsive pain and he said, "Listen! she stops those pains; she gets away from them; she won't bear down; this is her first labor, you know." "Yes," I replied, "she's a regular tiger-cat; I knew her when young, and she was a 'vixen when she went to school.'" He gave the case up to me, but remained to see the performance. I anointed thoroughly with lard, then flexed her thighs on her ab-

domen. She thought the position too inelegant and tried to get away, but I told her firmly and kindly that she must be still. Previously I had given her, of each, half teaspoonful of fluid extract ergot and tincture lobelia. She soon complained of being much nauseated. Pains long and strong. She tried once her hardest to get away, but I shook my head at her and told her to stick to it. She delivered a fine boy in one hour. The husband called me aside and requested me to tell him how I had delivered his wife so easily after the other doctor's failure. I told him that that was a professional matter between the doctor and me; but as the matter wasn't very sacred, and as I hadn't exercised a great deal of skill, I told him the whole secret of the proceeding was I had persuaded his wife to behave herself. He looked away off, and slowly said, as though soliloquizing, "and that requires skill, too." This is why I report this case. It requires skill often to make the patient behave herself, and I hope I may be excused for being tedious.

Case 3. Was called to Mrs. G. in 1878. She was apparently in active labor, except to me. The os closed at each pain. Against my better judgment I remained all night with her. I went home in the morning, and visited her again in the evening. She had had a chill; pains the same; no advance; membranes entire. I put her on quinia sulphas and morphia. I stopped those pains. Requested to be called as soon as pains set in again. Next evening the husband came for me in a rush. He stated that his wife had been easy all day and the night before, and had been asleep when she was awakened by a very hard pain. We had a John Gilpin ride. I was barely on time. Patient did well, and babe, too.

Case 4. Was hastily called to Mrs. G——n; seventh labor; said to have been in active labor all night. "Hurry up, hurry up!" Well, we hurried. Pains every few minutes; os is closed at each pain; told her that she was not in labor. "But it's my time, doctor." "Stick all notched up, Mrs. G——n?" "Oh, yes, the stick's full." I gave her a fourth grain morph. sulph.; left three other fourths, one to be taken every five or six hours. Requested to be called when pains came again. The husband used a great many good-humored expletives when I told him my opinion, and said their time was up, and charged me to stay at home. I was called again after five weeks and a day, and delivered her of a fine boy. Now, there



was no desire for a miscarriage here. Both parents were good people, but they were mistaken.

∴ In regard to lobelia, I simply hate the name; but it's good in its place. Any relaxant in these cases would have done as well.

My reason for giving these cases will be apparant to the regular readers of this journal; and they may not be interesting to some, but may be practically useful to a few.

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**Art. LXVII.—The Real Value of Mineral Springs.—By ALBERT MERRILL, M. D., St. Louis, Mo.**

Readers of newspapers have doubtless noticed the frequency with which announcements are made of the discovery of mineral springs in Missouri and Arkansas. The frequency of these announcements is no more marked than the astonishing statements as to their curative virtues in healing all the diseases which afflict suffering humanity. Whether true or false, there has resulted a widespread excitement among those broken in health, as well as with such as are disposed to look for wealth in providing for the wants of the thousands of invalids who flock to the springs, hoping to be physically regenerated. Hotels are built; stores, eating houses, livery stables, etc., soon follow. The wilderness is soon startled by the presence of a city, and ere long the railroad is coming, or has come. Invalids go and come. Some rejoice in renewed health, and sound the praises of the spring, believing it be, indeed, the "fountain of youth." Are they not living evidence of its potency? Others return to their homes in disgust, characterizing all mineral springs as frauds, and managers or promoters as robbers. Others, alas, end their sufferings away from home and friends. They come too late, or were, perhaps, ill advised in going at all.

Thinking people look on and wonder whether there is anything in it. Physicians smile and shrug their shoulders when asked their opinion. If they, when importuned, advise at all, it is usually in such cases as are hopeless, and in which they think "there can be no harm done," and the change may temporarily benefit and prolong life. It is probably true that the mass of American physicians are skeptical as to the virtues of native mineral waters. That this

is true can only be because they have given them no study. European medical writers frequently recommend the waters of their different medical springs, and oftentimes to the exclusion of any other treatment. All have heard of the spas of Europe and the popularity of Vichy, in the midst of its beautiful villas and splendid hotels close by—its delightful park, verdant shade and magnificent lake. Twenty-three thousand people visited it in 1868. Ems with its twenty-three springs and its attractive surroundings, being near the castle of Stolzenfels and the fortress of Ehrenbreitenstein. Homberg, Kissingen, on the river Saal, Weisbaden, known since the time of Pliny, who describes it, and whose popularity is attested by sixty-three thousand visitors in 1872. Baden-Baden, Kreutznach, Nauhiem, Aix-la-Chapelle, Bareges, Schwalbach, Pymont, Pullna Friedrichsall, Carlsbad, Marienbad, Coutrexville, Wildungen, Schlangenbad and Plombieres, all of which have long been celebrated, and each of which has its peculiar virtues and attractions.

Nothing need be said of our well-established American springs, as Saratoga, etc. These are well known, but not fully appreciated, their medicinal value being absorbed by their popularity as a superior resort for pleasure-seekers. There is a need that each spring should be systematically examined, both chemically and by the determination of its curative scope as deduced from its constituents. It is a short-sighted policy for the friends or proprietors to advertise it to cure diseases for which it is not adapted. Every patient who leaves a spring with the conviction that the facts have not been stated feels as though his money had been obtained under false pretenses. One such dissatisfied person will injure a spring more than five friends can benefit it. The proper course to pursue will be for the proprietors of newly-discovered springs to have it carefully analyzed, and then its medical value determined by competent medical observers, who should take into consideration, not only its constituents, but its sanitary surroundings, elevation of the locality, drainage, character of soil, vegetation, purity of atmosphere and accessibility. These points, with the consideration of all the well-authenticated cures claimed for it, will enable an expert to determine the true scope and value of the spring. The value of a resort is often destroyed, or impaired, by inattention to the personal comfort of guests. Poor hotels or boarding-houses, and extravagant prices,

will soon drive customers away from the best resorts in the country. Another difficulty is the indifference of the community of rapidly-growing towns, at different springs, to the sanitary condition of their city. No provision being made for drainage, and the removal of offal and excreta, which are of necessity present and rapidly accumulating, they are likely to be startled by an epidemic that will go far to neutralize all the remedial reputation of the resort. Invalids cannot get well in an atmosphere poisoned by their own filth. The healthfulness of a patient's surroundings, pure air, proper food, well-ventilated apartments, cheerful company, are more important factors in determining his recovery than the medicinal value of the springs themselves. However great the latter may be, the benefit will be doubtful without the former. The former are essential conditions in all diseases; the latter have special value in special diseases. It follows, therefore, that at every spring all possible provision should be made to secure for visitors the most favorable surroundings. With these, there is a large class of patients that will be benefited at any spring. Others, suffering from special diseases, must select springs having medicinal constituents specially adapted to their case.

But how shall they determine what one to visit? This is an important and difficult question to determine. So long as each spring advertises "cure all diseases that human flesh is heir to," it is no wonder that the question is hard for the patient to decide. The best course is for him to consult some competent physician, either before leaving home or at the springs themselves. The proprietors of the latter would subserve their own interests by securing the services of a resident physician who is competent, and who will candidly advise a patient to remain at home if his case is one not likely to be benefited by that spring. Intelligent medical advice is essential. Too many of the physicians at newly-discovered springs are mere adventurers, or are incompetent. Fortunately, there are usually honorable exceptions. Allusion has been made to the skepticism of physicians generally with reference to mineral springs. This skepticism is, usually, due to ignorance of the subject or indifference, and it is proposed, therefore, to outline the leading characteristics of mineral spring waters, in order to call attention to the rational ground-work for their special therapeutic application. Mineral waters are, for con-

venience, usually classified as alkaline, saline, chalybeate, calcic, sulphur, purgative and thermal. These classes run into one another, and, with subdivisions, are adopted for convenience only. Alkaline waters are those in which carbonate of soda, potassa, lithia, lime and magnesia are the leading constituents, the first predominating in amount. When the water contains but small amounts of salts other than these carbonates they are termed pure alkaline. If carbonic acid gas is a prominent additional constituent, they receive the name of carbonated or acidulated alkaline waters. Chloride of sodium, if present in considerable amount with the carbonates, gives the water the name muriated alkaline. Saline waters are those in which chloride of sodium or common salt is the leading constituent. When the carbonates of the alkalies are also present, the water is named alkaline saline; if iodine and bromide are present in appreciable amounts, iodobromated saline. Sulphur waters are those in which the presence of sulphuretted hydrogen gas, with its odor of rotten eggs, is the most prominent characteristic. These waters vary widely in composition. When lime salts are present in large amounts, they are termed calcic sulphur waters. So, also, they may be named alkaline-sulphur or saline-sulphur, according as the alkaline carbonates or chloride of sodium predominate. Chalybeate waters are such as contain iron as their leading active constituent. This substance is usually present as a carbonate, held in solution by carbonic acid gas, though in a few it is found as a sulphate. Aluminous chalybeates are rare, and are such as contain a considerable portion of salts (usually sulphate) of aluminium. Saline, alkaline, calcic and pure chalybeates, the meaning of which terms will be apparent from what has been before written, are also to be found. Calcic waters are those in which lime, either as a carbonate or sulphate, is the principal constituent. When the former is largely present, the water holds it in solution through the agency of carbonic acid gas. Other constituents are usually present in small amounts, and give the water more or less of the character of the other classes. Purgative waters contain epsom or glauber salt as their leading medicinal constituent, and may, also, contain more or less of the alkaline salts. Thermal waters are such as communicate the impression of heat to the body. Springs having a temperature of from 85° Fah. upward may be thus classed. They do not, usu

ally, contain a large proportion of mineral matters, though they are often somewhat charged with carbonic or sulphuretted hydrogen gas. They resemble as to the character of their mineral constituents the cold springs, but the amount present is much less. Space will not permit of the discussion of this class, which are used principally for bathing, but it may be stated in general that they are of undoubted value as adjuncts to other treatment of gouty, rheumatic and syphilitic diseases and in skin diseases of a scaly character. Some forms of paralysis, where the muscles are electrically excitable, are also cured by the use of thermal waters.

It should be remembered that mineral waters are only applicable to the treatment of chronic diseases, and that their use should be suspended whenever the patient is feverish, as indicated by excitement of the pulse and elevation of temperature. Remembering the classification of waters given, let us see what is the indication for the use of each, as deduced from the therapeutic action of their dominant constituents. These indications can, of course, be but general in character, as each individual spring may contain some special constituent which will modify its action, and the water will contain, not only the action of the waters of its class, but a special action due to special combination and relation of its constituents, and which is not explainable with our present knowledge. In the language of the distinguished therapist, Trousseau, "In making due allowance for the particular phenomena which may result from the action of such and such elements which enter into the composition of a mineral water, we should not attribute to a single principle, however dominant it may appear in the chemical analysis, all the properties of the water, and clinical experience only can permit us to judge." It is a fact known to all medical men that there are predominating characteristics in all chronic diseases, and that the special ailment is usually subordinate to this diathesis. For instance, there may be a constitutional tendency to rheumatic, gouty, scrofulous or skin disease, and the recognition of this fact will be a great help in prescribing for the special ailment, bearing in mind the peculiarities of each patient and of each spring. With these preliminary statements, let us see what therapeutic characteristic is given to each class of water by its predominating constituents.

Sodium carbonate or bicarbonate, in which form it doubtless ex-

ists in all carbonates or acidulous (?) waters, is used with decided advantage in diseases in which an *acid condition* of the secretions and humors is a distinguished characteristic; *rheumatism, acute gout, acid gravel, inflammation* and *diabetes* are examples. Judiciously used it is also of great value in that form of dyspepsia in which *heart-burn, flatulence, sour eructation, vomiting* and acid liquid stools are symptoms. The theory proposed by Ringer, concerning the topical action of alkalies on secretions, serves as a useful guide for many of the uses of alkaline waters. The general law is that alkalies, applied topically, check alkaline secretions from glands and promote acid secretions. The use of alkaline waters internally should be governed by this law. In acid dyspepsia the water should be taken after, and not before, meals. It then serves to neutralize the excess of acid already present. If taken before, it aggravates the existing difficulty. On the other hand, if the secretion of gastric juice is deficient, it should be given before meals. Perspiration, which is nominally acid, is promoted by alkaline baths. Uterine leucorrhea, which is alkaline, is restrained by alkaline waters. The systemic influence of alkalies probably accords with this law, but they possess the additional effect of promoting the oxidation of diseased products and converting them into forms suitable for excretion. This, with their neutralizing of acids and forming more soluble salts for excretion, is the probable explanation of the disappearance of uric acid in gout-sugar in diabetes, etc. These general statements apply, in a measure, to the other alkaline constituents of mineral springs, and will serve as a guide to an intelligent prescription of such waters.

Saline waters, as a class, are especially adapted to diseases in which the scrofulous diathesis is apparent. Durand-Fardel says: "Whenever we wish to remedy profound and confirmed scrofulous affections, such as show the constitutional dyscrasia in the most unmistakable manner, it is to waters strongly mineralized with chloride of sodium that we must resort." The class of patients to which it is best adapted are those with an adipose tendency, slow pulse, thick upper lip and sluggish, nervous temperament. The waters should be used internally and by bath. The same conditions are reached by this class as by the alkaline waters, but they are more stimulating, quickening tissue, increasing the secretion of pruea, stimulating appetite,

promoting digestion and exciting the mucous membranes and muscular coats of the intestinal canal. Possessing such properties, we see the saline waters and their modifications recommended in jaundice from catarrh of the bile-ducts, dyspepsia from high living; *engorgement of the liver* and abdominal plethora are also cured by them.

Saline waters are a valuable local application for sluggish and offensive ulcers or open sores of any kind. They prevent decomposition of pus, stimulate granulation and hasten the formation of the cicatricial tissue.

The prominent indications for selection of a *chalybeate waters* is the presence of "anæmia" or "chlorosis," evinced by symptoms such as pallor of skin and mucous membranes, puffiness of face and extremities, hysteria, melancholia, muscular debility, panting on slight movement, palpitation, dyspepsia, pyrosis, gastralgia, depraved appetites, vomiting, habitual constipation, or in old cases of diarrhea. Absent, irregular or painful menstruation, often wanting in color; leucorrhœa, sterility, various *souffles* in the arteries and veins of the neck, the carotid subclavian, etc., and irregular neuralgic pains.

Iron is present, to a small extent, in all waters, and it requires but little thought to see its benefit in *most* chronic diseases. It should not, however, be used too long or too freely. Sulphur waters are in special repute for their beneficial effects in herpetic skin diseases, such as eczema, lichen, psoriasis and pityriasis. These are all non-contagious elementary lesions of the skin, with itching as the chief symptoms, habitually chronic, disposed to invade new regions, and leaving no cicatrix after cure, even though there has been ulceration.

This diathesis is often manifested by various affections of the mucous surfaces, which sometimes appear only after the subsidence of some of the forms of skin disease mentioned. Thus, there may be chronic laryngeal, pharyngeal or bronchial catarrh or inflammation darte of the nose, catarrhal asthma, leucorrhœa and catarrhal disorders of the genito-urinary organs. These difficulties may appear independent of and in the absence of any of the skin eruptions. When the skin only is involved, the pure sulphur, or, if with engorgement of the liver, hemorrhoids or abdominal plethora, as the saline, sulphur waters are especially valuable. They may also be used when

the mucous membranes are involved, though the alkalies of calcic sulphur waters would be preferable.

Purgative waters are used almost exclusively for their purgative effect, and are beneficial to persons of robust constitution, who suffer from abdominal plethora. The pure purgative waters have but a limited application, but in the alkaline purgative, saline purgative and purgative chalybeate, many valuable uses are superadded. The alkaline constituents make a water applicable to functional diseases of the liver, gout, gastric catarrh, gall stones, etc. Iron, when present, modifies the purgative effect and makes the water applicable to dyspepsia and abdominal engorgements in anæmic subjects. Saline and calcic constituents moderate the cathartic action, rendering it more mild.

In the calcic waters we have almost universally associated the carbonates of magnesia, iron and soda, with less amounts of their chlorides, with silica and alumina. The calcium may exist either in the form of carbonate or sulphate, both often being present. When the carbonate predominates, carbonic acid gas is always present and plays a prominent part in the remedial action.

This class of waters is especially applicable to affections resulting from defective nutrition or assimilation, thus including scrofulous rachitic and tuberculous diseases of a chronic (not acute) character. The symptoms and disorders relieved by these waters are as follows: gastralgic dyspepsia, with sour eructations, sick headache, chronic catarrhal disorders, as of the bronchial bladder and renal surfaces; calculous affections and gravel, leucorrhea, diabetes (alkaline calcic), catarrh of the stomach, catarrh of the duodenum, with biliary obstruction of the gall duct; sterility from leucorrhea and debility; chronic diarrhea, chronic opthalmia and conjunctivitis, discharges from the ear (otorrhea), nasal catarrh, premature and profuse menses, glandular enlargements and lymphatic obstructions and deposits.

Space will not permit of more than a general discussion of this subject. It must be distinctly understood that the therapeutic characteristics of each class as given are not exhausted, and that they are given only as general guides in the selection of a suitable water. A quantitative analysis is absolutely necessary in order to determine the leading characteristics of a spring, and to properly class it. The minor



constituents must be carefully noted and their modifying influence on the leading constituents considered. In short, to rationally prescribe a water, cases must be individually studied and a spring selected which, from a study of its constituents, general and peculiar, seems best adapted to each patient. The study of each spring must also include the surroundings, etc., before alluded to. If patients would take competent advice before starting to a spring, they might often save themselves much disappointment, expense and physical discomfort. If proprietors and others interested would advertise their resorts upon their real merits only, the benefits to themselves, the community and the state would soon become apparent.

**Art. LXVIII.—Electricity in Medicine and Surgery.—By GEO. C. PITZER, M. D.**

(CONTINUED FROM SEPTEMBER JOURNAL, PAGE 370.)

Another form of Stohrer's galvanic battery is represented below by Fig. 5. This is a very practical instrument, easy to operate and readily cleaned or repaired when necessary. Its arrangement is so simple that a mere novice may soon understand it, and any wrong in its workings can be detected at once. It is manufactured by Aloe & Hernstein, of St. Louis.

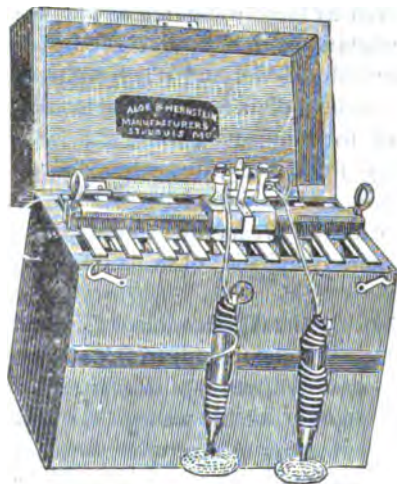


Fig. 5.

It is a sixteen-cell battery, with large elements, zinc and carbon, the same as those made by the Galvano-Faradic Manufacturing Company. Aloe & Hernstein are making fourteen-cell batteries similar to this, with still larger elements, giving more quantity and, they claim, more power.

The bottom of the box in these batteries is a movable tray in which the glass or hard rubber cells are placed. This movable tray is controlled by two hinged rods which are fastened to fit, and these by

two screw lifting rings. These rings, being screwed tightly down, hold the cells firmly against the cushioned board, which is pushed through a slot in the front of the box, and covers the cells. This cushioned board is called the hydrostat, because it securely closes the cells and prevents spilling of the fluid in moving the battery from place to place. The rings referred to also serve as handles for lifting the tray of cells to which they are attached, and when raised to the proper place the rods are turned on their hinges and the tray of cells held in place, with the elements in them. When done using the battery, the rods are straightened, the tray of cells lowered, and the hydrostat, which was removed before lifting the tray of cells, is now replaced, the screw-rings turned a few times, and all is secured.

The commutators, conductors, etc., are the same as in the first battery described. For all ordinary purposes, such as central galvanism, electrolysis, etc., these batteries are exceedingly well adapted.

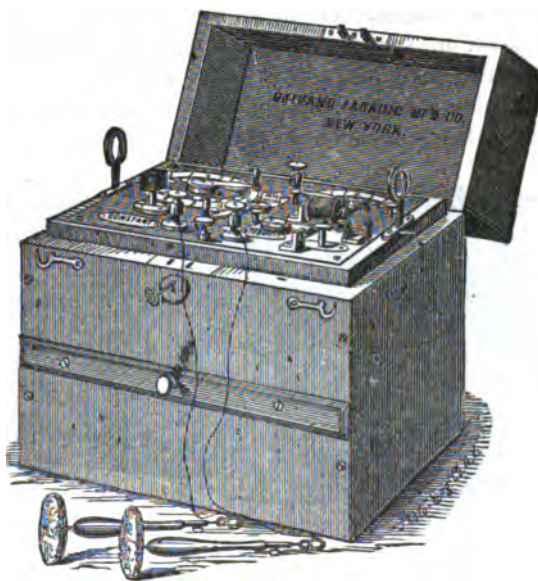


Fig. 6.

Fig. 6. Represents the Bartlett galvanic battery, manufactured

by the Galvano-Faradic Manufacturing Co., of New York. This is a thirty-six-cell battery, the elements zinc and carbon all arranged in very compact and neat style. The tray holding the cells is controlled by lifting rods, the same as the Stohrer battery. The commutator works with a lever or crank, and from one to thirty-six cells may be brought into the circuit at pleasure. This is a fine appearing instrument, and being provided with an automatic rheotome, current reverser, etc., it is a very desirable battery.

The following cuts represent the galvanic and faradic batteries combined, as manufactured by the M'Intosh Galvanic Belt and Battery Company, of Chicago, Ill. These batteries are constructed on an improved plan. The elements are zinc and carbon, and are arranged in couples, and securely clamped to hard rubber plates with thumb-screws. Any of the couples can be removed by simply loosening a screw. In this battery the plates are brought very near together, thus preventing the great internal resistance unavoidable in many other batteries. The cells are made in sections of six, composed of one solid piece of hard rubber. By this arrangement one section can be handled, emptied, and cleaned as easily and as quickly as one cell. A hard rubber drip-cup is placed by the side of each section of cells to receive the zinc and carbon plates when removed from the cells.

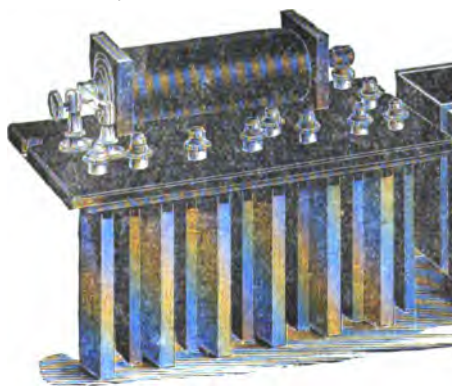


Fig. 7.

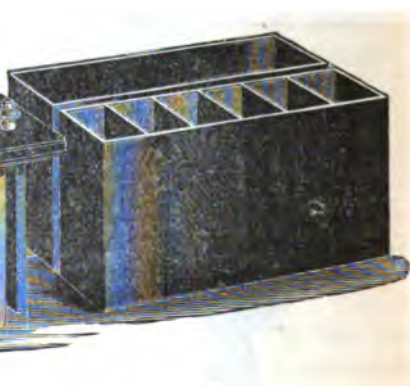


Fig. 8.

Fig. 7 shows the hard rubber plates of a section of elements. Fig. 8 shows a section of six cells made of one piece of hard rubber, and a drip-cup of the same material to receive the zinc and carbon couples when not in use.

The hard rubber on which the couples are clamped projects over on one side enough to cover the cells, when the zinc and carbon plates are reversed and placed in the drip-cups. The under side of this projection is covered with soft rubber. When the cells are not in use, this is clamped over them by means of thumb-screws and spring bolts. By this arrangement the cells are made water-tight, and the battery may be carried from place to place without danger of spilling the fluid.



Fig. 9.

Fig. 9 represents a faradic battery of this make, which we will refer to again when we reach the construction and workings of faradic machines. In this illustration is shown the famous cable conducting cords used in these batteries. They are made with a spiral copper wire, insulated, inside of which is a bundle of small copper wires surrounding a strong cord. The tips are securely fastened to the spiral wire, which makes the connection perfect. In using any of the M'Intosh batteries, these cords are attached to the posts on the battery, the distal ends being fastened to the electrodes. One of these conducting cords is bifurcated, or forked, either division of which may be attached to the battery. This forked end is for the purpose of preventing a shock while changing to a less or greater number of cells while using the galvanic current. For example: Suppose you are using six cells. One of the

bifurcated ends would be connected with cell No. 6, and the other end hanging loose. If you wish to use, say, twelve cells, you can take up the loose end of the bifurcated cord and connect it with No. 12, and then pull the other end out from No. 6. Thus all shock is avoided. This arrangement takes the place of the commutator which was referred to in the Stohrer and Bartlett batteries. This is a simple arrangement, and could not be more satisfactory in any way.



Fig. 10.

Fig. 10 shows a twelve-cell combined galvanic and faradic battery of the M'Intosh make. The case is polished black walnut,  $8\frac{1}{2}$  inches long, 8 inches wide,  $7\frac{1}{2}$  inches high, metal work all nickel-plated, lock and handle, sponge electrodes, and cable conducting cords, as above described, all put up in the very best of workmanship style.

Fig. 11 represents another form of a twelve-cell combined galvanic and faradic battery made by M'Intosh. This is a beautiful battery, too, same size and finish as Fig. 10. These are exceedingly fine instruments for a general practice. They are safely carried about, and you always have with you a faradic and galvanic battery at the same time.

Fig. 12 represents a twenty-four cell combined galvanic and faradic battery of the same make. Size, 15 inches long,  $8\frac{1}{2}$  in-



**Fig. 11.**

ches wide,  $7\frac{1}{2}$  inches high, with lock and handle ; weighs less than eighteen pounds. This battery gives a galvanic current of great



**Fig. 12.**

intensity, sufficient to treat almost any case coming in the range of a physician's practice. And the beauty of this instrument is we can reverse one section of elements at a time when no more is needed, thus saving the elements of all other sections for future use. But where one section does not give us sufficient intensity we reverse another section, lifting it out of the drip-cup and placing it in the battery fluid in the cells. This arrangement is certainly a commendable feature.

Special instructions, well illustrated, are sent out with all these instruments, so that a mere novice can operate them without a teacher. We have used these galvanic batteries and know them to be what they are represented to be—simple, efficient, and practical in every regard. When we reach therapeutics, these different instruments will be referred to again, and careful instructions, regarding their use will be clearly set forth.

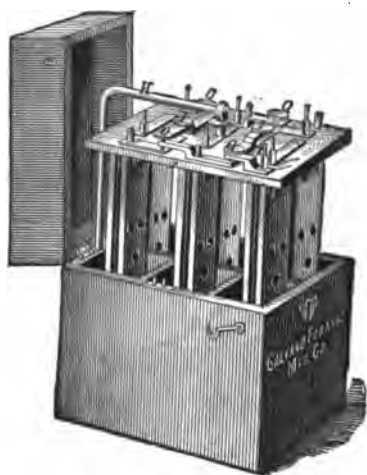


Fig. 13.

able arm screwed into the box. When lowered into the fluid, the top of the elements, which is made of hard rubber, contains two lateral bars supporting them, and which permits of a rocking motion to keep this exciting fluid agitated. This is a very efficient galvanic caustic battery, a complete and reliable instrument, powerful, portable, compact, and so free from complications and easy of management that any physician can understand it and operate with it.

Fig. 13 represents the Piffard galvanic-cautery, as made by the Galvano-Faradic Manufacturing Company, of New York. For the purpose of cauterizing, galvanic batteries are constructed with reference to quantity. The elements are zinc and carbon, and the battery fluid the same as in ordinary galvanic batteries described in the first part of this monograph. This battery of the Piffard style is composed of large zinc-carbon elements, which are contained in cells of vulcanite, and can be suspended on a mov-



It is adapted to meet all cases usually treated with this class of instruments. In its construction each element is utilized to the fullest extent. The parts can be easily replaced, and the surgeon living at a distance can duplicate them and adjust them without difficulty. Size, 9 inches long,  $6\frac{1}{2}$  inches wide, and 10 inches high. Weight, 15 pounds.

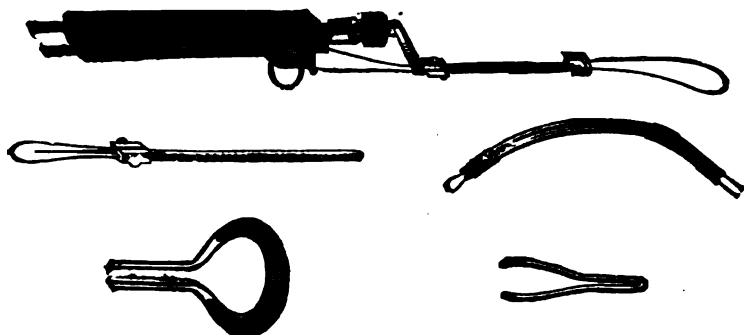


Fig. 14.

These cuts (Fig. 14) represent the instruments used in galvanocaustic operations. Universal handle; handle for cutting loop when only one hand is at liberty; burners of various shapes.

The use and application of this battery will be fully explained and clearly illustrated later in the work.

So far as a description of galvanic batteries is concerned, we think we have shown a sufficient variety, and with what may be said about them incidentally in using them upon different patients and in different cases, we think the reader should finally have a very good understanding of them. Faradic machines will next engage our attention.

[TO BE CONTINUED.]

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## ABSTRACTS.

### Glucose and Grape Sugar.—By PROFESSOR HARVEY W. WILEY.

The manufacture of syrup and sugar from corn starch is an industry which, in this country, is scarcely a dozen years old, and yet it is one of no inconsiderable magnitude. On August 1, 1880, ten



glucose factories were in operation in the United States, consuming daily about twenty thousand bushels of corn.

Eleven million bushels of corn during the present year will be used for this purpose, and every indication leads us to believe that the amount will be doubled in 1882.

To avoid confusion of ideas, the following statements seem necessary: The word *glucose*, in this country, is employed among dealers to designate exclusively the thick syrup which is made from corn starch. On the other hand, *grape sugar* is applied to the solid product obtained from the same source. The *glucose* and *grape sugar* of the trade have optical and chemical properties quite different from many other substances bearing the same name. I shall use the words in the signification explained above.

**PROPERTIES OF GLUCOSE.**—Glucose is a thick, tenacious syrup, almost colorless, or of a yellowish tint. It has an average specific gravity, at 20° C., of 1.412. That which is made for summer consumption is a little denser than that manufactured for winter use. This syrup is so thick that, in the winter, it is quite difficult to pour it from one vessel to another.

The sweetness of glucose—*i. e.*, the intensity of the impression it makes on the nerves of taste—varies greatly with different specimens. Some kinds approach in intensity the sweetness of cane sugar, while others seem to act slowly and feebly. It has been shown that the degree of sweetness depends on the extent of the chemical changes which go on in the conversion of starch into sugar. When the process of conversion is stopped as soon as the starch has disappeared, the resulting glucose has a maximum sweetness.\*

The color of glucose depends on the thorough washing of the substance, during the process of manufacture, through animal charcoal, and lowness of temperature at which it is evaporated, and rapidity of evaporation. The methods of securing these conditions will be described further on.

There is one variety of glucose which is made for confectioners' use, which is much thicker and denser than that just described. Its specific gravity may reach 1.440, but it has no tendency to become hard and solid, like the so-called grape sugar.

\* See paper read by the author at the Boston meeting of the American Association for the Advancement of Science.

The grape sugar made from corn starch, when well made, is pure white in color when first made, but has a tendency to assume a yellowish tint when old. It is hard and brittle, does not usually take on a visible crystalline structure, and is less soluble in water than cane sugar. Perhaps it would be more accurate to say that it dissolves more slowly, since both cane and grape sugar dissolve in all proportions in hot water. I have found its specific gravity to be as high as 1.6. It is much less sweet to the taste than glucose, and a faint bitter after-taste is to be perceived.

**USES OF GLUCOSE AND GRAPE SUGAR.**—Glucose is used chiefly for the manufacture of table syrups, candies, as food for bees, for brewing, and for artificial honey.

It is impossible at present to get any reliable statistics concerning the amount of glucose used in beer-making. The brewers themselves try to keep its use a secret, since it is quite common to proclaim that beer is made from barley and hops alone, although this is rarely the case. Dealers and manufacturers are likewise reticent when approached on this subject, since it is but natural for them to wish to protect the interests of their patrons. We shall not go far wrong, however, when we say that the amount of glucose used by brewers is by no means small, and that the quantity is constantly increasing. I do not know any reason why its moderate use should injure the quality of the beer.

Bees eat glucose with the greatest avidity, or, rather, they act as funnels by which the glucose is poured into the comb. For it is quite true that honey made by bees which have free access to glucose differs scarcely at all from the glucose itself. But the quantity of honey which a bee will store away when fed on glucose is truly wonderful. This gluttony, however, rapidly undermines the apiarian constitution, and the bee rarely lives to enjoy the fruits of its apparent good fortune. In commercial honey, which is entirely free from bee mediation, the comb is made of paraffine, and filled with pure glucose by appropriate machinery. This honey, for whiteness and beauty, rivals the celebrated real white clover honey of Vermont, but can be sold at an immense profit at one-half the price.

All soft candies, waxes and taffies, and a large proportion of stick-candies and caramels, are made of glucose. Very often a little cane sugar is mixed with the glucose, in order to give a sweeter

taste to the candies, but the amount of this is made as small as possible. As has been stated above, the glucose which is used in confections is evaporated nearer to dryness than that which is used for syrups. In such glucose I have found the percentage of water to be as low as 6.37. Such a product is almost thick enough for "taffy" without any further concentration.

A very large percentage of the glucose made is used for the manufacture of table syrups. The process of manufacture is a very simple one:

The glucose is mixed with some kind of cane sugar syrup until the tint reaches a certain standard. The amount of cane sugar syrup required varies from three to ten per cent, according to circumstances. These syrups are graded A, B, C, etc., the tint growing deeper with each succeeding letter.

When these syrups are sent into the shops, they are sold to consumers under such altisonant names as "Maple Drip," "Bon Ton," "Upper Ten," "Magnolia," "Extra Choice," "Golden Drip," "White-Loaf Drip," etc. Dealers tell me that these syrups, by their cheapness and excellence, have driven all the others out of the market. So much is this the case that it is no longer proper to call glucose the "coming syrup." It is the syrup which has already come.

In addition to the uses above mentioned, small quantities of glucose are used by vinegar makers, tobacconists, wine makers, distillers, mucilage makers, and perhaps for some other purposes.

Grape sugar is also used for many of the purposes enumerated above, but chiefly for the adulteration of other sugars. When it is reduced to fine powder it can be mixed with cane sugar in any proportion without altering its appearance. Since the grape sugar costs less than half the price of cane sugar, this adulteration proves immensely profitable. The presence of grape sugar in table sugars can be approximately determined by several simple tests. When placed on the tongue, the bitter after-taste, already spoken of, may be detected. If spread in a thin layer on a piece of glass, and treated with a little water, the cane sugar granules dissolve first, and the grape sugar is left as a flocculent mass. With the microscope its particles can be detected by the absence of all crystalline structure. Its exact quantity can only be determined by the polariscope. This is hardly a proper place to describe how this is done.

From the best information I can obtain it appears that the cost of the manufacture of glucose and grape sugar is about one cent a pound. From twenty-six to thirty-two pounds are made from a bushel of corn. It is sold by the manufactories at three to four cents per pound. In the West the price of corn during the last year has averaged a little over thirty cents per bushel. It thus appears that the manufacture of glucose is a profitable industry.

I shall attempt here no detailed statement of the method of manufacture, but give only such an outline as may interest those who like to know how the things on their tables are prepared. The corn is first soaked for two or three days in warm water, and is then ground on specially prepared stones, with a stream of water. The meal is next passed into a trough, the bottom of which is made of fine bolting-cloth. Here the starch is washed through, and led to large tanks, where it is allowed to settle. It is next beaten up with caustic soda to separate the gluten, and the starch is again allowed to settle in long, shallow troughs. The starch, washed from all adhering alkali, is next beaten up with water into a cream, and conducted into the converting-tubs. These tubs are supplied with coils of copper steam-piping and are made of wood. Here the starch-cream is treated with dilute sulphuric acid, and steam is allowed to bubble up through the mixture from small holes in the copper pipes. This process of conversion, which is called "open conversion," is completed in about two hours.

Another method is called "close conversion." The substances are inclosed in stout copper cylinders, and subjected to the action of superheated steam. This process occupies about fifteen minutes.

The conversion is also accomplished sometimes by fermentation. This requires a much longer time. The greater part of it, however, is carried on by the method first named.

After conversion, the acid is neutralized by marble dust and animal charcoal. Since the phosphate of calcium, which is formed in this operation, is slightly soluble in water, carbonate of barium has been used instead of marble dust. Its use, however, has not become general.

After neutralization, the liquid is filtered through cloth and animal charcoal, and is then conveyed to the vacuum pan. Here it is evaporated, at as low a temperature as possible, to the required con-

centration. If grape sugar is to be made, the process of conversion is not stopped as soon as the starch has disappeared, but is carried on still further to a point which can only be determined by trial. After concentration, it is conveyed into tanks, where the process of solidification begins and continues for several days.

Glucose, on the other hand, will not harden, whatever the degree of concentration may be, or at least, if it do so, only partially, and after many months.

The habit of bleaching both glucose and grape sugar by means of sulphurous acid is sometimes practiced, but is reprehensible. By the oxidation of the sulphurous acid, free sulphuric acid is likely to occur in the finished product.

Glucose and grape sugar are mixtures of several chemical substances. Starch, which is composed of six atoms of carbon, ten of hydrogen and five of oxygen, when subjected to the action of dilute sulphuric acid, appears to undergo a molecular condensation and hydration. Among the substances formed may be reckoned dextrine, glucose, and a substance isomeric with cane sugar. This latter substance appears to be one of the early products of conversion, and this is the reason that the poorly converted glucoses are sweeter than the well converted. It is only after prolonged boiling with dilute acid that the product becomes chemically homogeneous, with a constitution which is probably represented by the symbol  $C_6H_{12}O_6H_2O$ .

Glucose presents several anomalies when examined with polarized light. Its highest rotary power is found when it is made with the least possible amount of conversion—*i. e.*, when the process of conversion is stopped as soon as the starch has disappeared. Continued boiling with dilute acid causes a gradual decrease of rotatory power. It is only after six to eight hours' heating to a temperature of  $104^{\circ}$  C. that a constant rotatory power is reached. This power is only about half that exhibited by the glucose as a maximum. This minimum rotatory power, however, is greater than that possessed by cane sugar.

Glucose, like many other bodies, has the property of reducing a hot alkaline copper solution and separating the metal as a red suboxide.

This power in glucose is always inversely as the rotating power.

I have shown this fully and conclusively in the paper already referred to. The relation between reducing power and rotating power is a constant one, and hence the percentage of reducing power can be calculated from the polarimetric observations. This, however, is of more interest to the practical chemist than to the general reader, and I therefore pass it by.

The question of most practical importance is, "Is glucose a wholesome article of food?" I do not hesitate to answer this question in the affirmative. I mean by this, however, a glucose which is properly made. Such a glucose contains only a very little sulphuric acid and lime, not much more than good spring water, and perhaps an almost infinitesimal trace of copper, so slight as only to be detected in a large quantity of the substance. I do not doubt but that glucoses have been sold which contain large quantities of free sulphuric acid, and likewise other injurious ingredients. But these are due to carelessness in manufacture, and are not constituents of the genuine article. I have never found a glucose of this kind. Many of the impurities which have been imputed to glucose really belong to the cane syrups with which they have been mixed. These largely adulterated glucoses should always be looked upon with suspicion. The cane syrups which are used for this purpose yield from three to five per cent of ash, while the ash from a genuine glucose is so little as to be almost unweighable.

There is no reason to believe that a glucose or grape sugar properly manufactured is any less wholesome than cane or maple sugar. Corn, the new American king, now supplies us with bread, meat and sugar, which we need, as well as with whisky, which we could do without.—*Popular Science Monthly*.

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#### **Radical Treatment of Hydrocele by Injection of Carbolic Acid.**

At a meeting of the Philadelphia Academy of Surgery June 7, 1880, R. J. Levis stated that in 1879 he had begun to treat hydrocele by carbolic acid injections, because a more plastic grade of inflammation than that obtained by ordinary injections was required, and because incision only accomplished a cure through suppuration. His method is to withdraw the fluid by an ordinary trocar, and then introduce the long nozzle of a syringe through the trocar into the vaginal sac. By this means the carbolic acid is thrown into the

cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The carbolic acid crystals are merely liquefied by slight heat, or by a few drops of glycerine. To keep the injecting fluid ready for use at all states of temperature, about ten per cent of glycerine or water may be added to the crystals. The amount of carbolic acid which Dr. Levis injects is one-half a fluid drachm, and this is allowed to remain in the vaginal tunic. The operation is almost, if not entirely, painless, because of the local anæsthetic action of carbolic acid. The patients sometimes exclaim at the moment of introduction, but have a sensation of numbness rather than of pain. The pain, when tincture of iodine is employed, is much greater. Care should be observed to allow no acid to flow upon the external surface of the scrotum, for pain and inflammation will follow such contact. After the injection the patient is permitted to walk about the house until the weight and slight soreness of the scrotum cause him to lie upon a bed or lounge. The results of this method of treatment are excellent, for undue inflammation does not occur, there is no marked pain, and a radical cure generally ensues. Dr. Levis has never seen suppuration or sloughing follow this manner of dealing with hydrocele.—*Phila. Medical Times*, November 6, 1880.

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#### The Treatment of Chorea.

Dr. Sawyer believes that arsenious acid is the best remedy for chronic chorea. The treatment of the disease must always depend, however, upon the casual antecedents of the disorder. Chorea is usually associated with, and casually related to, one or more of four distinct conditions, viz.: rheumatism, acute or subacute; faulty hygienic circumstances, especially an insufficiency of animal food; emotional shock, more especially fright; reflex irritation due to intestinal worms. Each of these separate circumstances calls for appropriate treatment, but in all arsenious acid will be found to be beneficial. The drug must be given in much larger doses than are ordinarily prescribed, and Dr. Sawyer has given as much as a drachm of Fowler's solution (equal to half a grain of arsenious acid) thrice daily, by a gradual and cautious increase, starting from ten minims. In every case, whatever the dose, the acid should be given in solution freely diluted with water, and immediately after a meal.—*British Medical Journal*, Dec. 18, 1880.

## EDITORIAL.

**THE AMERICAN MEDICAL JOURNAL.**—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

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### President Garfield.

The President is dead. We did place great confidence in his physical resistance, but it seems that nobody knew the extent of his injuries. We can now see that it would have been a futile effort to have undertaken to remove the bullet; and had it been removed, the result could not have been different—he had to die. The following report of the post-mortem reveals facts regarding the course and location of the ball which should be preserved as a record by every reader of the JOURNAL. When a bullet enters the body, nobody can tell what course it may take, and in many cases it is impossible to locate it without doing unwarranted violence to the patient. This case has been a great lesson:

“By previous arrangement the post-mortem examination of the body of President Garfield was made this afternoon, in the presence and with the assistance of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith, of Elberon, and Acting Assistant-Surgeon D. S. Lamb, of the Army Medical Museum of Washington. The operation was performed. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column, in front of the spinal canal, fracturing



the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts, and lodging just below the pancreas, about two and a half inches to the left of the spine and behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hemorrhage from one of the mesentric arteries, adjoining the track of the ball, blood rupturing the peritoneum and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower part of the chest just before death. An abscess cavity six inches by four in dimensions was found in the vicinity of the gall bladder, between the liver and the transverse colon, which were strongly interadherent; it did not involve the substance of the liver, and no communication was found between it and the wound. A long, suppurating channel extended from the external wound between the loin muscles and right kidney, almost to the right groin. This channel is now known to be due to the burrowing of pus from the wound, and was supposed during life to have been the track of the ball.

On examination of the organs of the chest, evidences of severe bronchitis were found on both sides, with broncho-pneumonia of the lower portions of the right lung, and, though to a much less extent, of the left. The lungs contained no abscess, and the heart had no clots; the liver was enlarged and fatty, but free from abscesses, nor were any found in any other organ, except the left kidney, which contained near its surface a small abscess, about one-third of an inch in diameter. In reviewing the history of the case, in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured, spongy tissue of the vertebra, furnish sufficient explanation of the septic condition which existed." (Signed)

D. W. BLISS,  
J. K. BARNES,  
J. J. WOODWARD,  
ROBERT REYBURN,

FRANK H. HAMILTON,  
D. HAYES AGNEW,  
ANDREW H. SMITH,  
D. S. LAMB.

September 20, 1881.

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### **Clorina.**

This is THE nerve tonic in the multitude of cases we meet among nervous women.

**Mineral Springs.**

We call attention to the article we publish this week on the value of mineral springs, from the pen of Dr. A. Merrill, of St. Louis, whose ability as a physician and chemist is generally known. Dr. Merrill has analyzed the waters of over two hundred mineral springs, and has given special study to their influence upon disease. The large and constantly increasing number of these springs, and the vast amount of travel there is to and from them, makes it important to every railroad company to understand their value. If a spring possesses genuine merit, there is a constant and reliable profit from it to the railroad on whose line it is located. It is sufficient to mention as instances of this the Hot Springs of Arkansas, the Eureka Springs of the same state, and Saratoga. At most seasons of the year there is a great tide of travel flowing to and from these places, chiefly beneficial to the railroad companies. It is useless to try to bolster up any place whose merit has not been conclusively demonstrated, for the disappointed seekers after health are sure to make their complaints heard. We believe, therefore, that the article we have alluded to is of special value to all classes, and that it makes known some facts not before fully understood.

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**Viburnum Compound.**

This is a combination of viburnum opulus, scutellaria lateriflora, and dioscorea villosa. It is prepared by the the New York Pharmaceutical Company, from the original prescription of W. R. Hayden, M. D., member of the National Eclectic Medical Association.

We bought a dozen pints of this compound a few weeks ago, and no investment ever gave us better satisfaction. To be sure, this compound will not meet the indications of many cases, but all who are familiar with the medical properties of the drugs from which this compound is prepared may draw very correct conclusions as to the sphere of action. It is specially valuable in dysmenorrhea, in colic, cramps, and hysteria. It is put up in the shape of a beautiful tincture, not unpleasant to take, and it will keep indefinitely.

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**Cosmoline.**

This is the best of all the oleaginous substances used in medicine or pharmacy. It contains no oxydizable or organic matter capable

of change, and as a consequence it never becomes rancid by age. Ointments made up with this as a base will keep good and sweet for an indefinite time. It is free from all irritating properties, and is adapted to all cases where ointments may be required—to the eye if necessary. Try cosmoline.

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#### **Ahl's Porous Splints.**

We call attention to these instruments as being exceedingly convenient and practical. We said what we knew about these splints in a previous issue, and now call attention to the new advertisement in this issue.

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### **BOOK NOTICES.**

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A SYSTEM OF SURGERY, Theoretical and Practical, in Treatises by Various Authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital. Thoroughly revised and much enlarged by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospital, Philadelphia, assisted by a large corps of the most eminent American Surgeons. Three volumes, with many Illustrations.

This is the first American from the second English edition of this great work, and probably no book ever published met with a more hearty reception, or so rapidly reached such a high standard of popularity. Vol. I is before us, and the succeeding volumes will be ready soon. The book is published by Henry C. Lea's Son & Co., and J. H. Chambers & Co., of St. Louis, Mo., are the agents for the West and Southwest. All practitioners desiring an exhaustive work on surgery, one well up with the times in every respect, should at once invest in Holmes.

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THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN.—By John M. Scudder, M. D., last edition, 1881, 486 pages, leather, \$5.

This edition of Prof. Scudder's work on diseases of children is a great improvement on the old edition. He says this: "In this re-

vision the author has added the results of the last twelve years' experience. The first part, on infantile therapeutics, has been entirely rewritten, and forms a good *materia medica*. In the third part, the treatment has been mostly rewritten, and the reader will find here the most successful treatment of the day. It is small doses of pleasant remedies for direct effect, which we believe will be the practice for the future."

We do not hesitate to say that we regard this as the safest and by far the best work on the treatment of infantile diseases we have examined. Being well acquainted with the author, and quite familiar with his practice, we can heartily recommend this book to all students and practitioners needing any thing of the kind.

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A SYSTEM OF MEDICINE, edited by J. Russell Reynolds, M. D., F. R. S.

We noticed the first volume of this work in our September issue and now we have Vols. II and III before us. These books contain a mine of information. In fact, in the papers of which they are made up we have presented, in the very best of language, the cream of medical literature, as gathered from all parts of the world. No physician's library can be complete without these great works. J. H. Chambers & Co., St. Louis, are the agents for the West and Southwest.

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LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN.—By S. Weir Mitchell, M. D. Published by Henry C. Lea's Son & Co., Philadelphia, 255 pages.

Nervous diseases of women give us a great deal of trouble, and this book of Prof. Mitchell's is a great comfort to us. His remarks on hysteria alone are worth more than the price of the book.

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THE DISEASES OF CHILDREN. A practical and systematic work for Practitioners and Students.—By William Henry Day, M. D., of London. Second edition, rewritten and much enlarged.

This is a very comprehensive work, 750 pages, giving the very finest descriptions of infantile diseases, and teaching the science of diagnosis in such cases in a successful manner. For description and clinical history it is far ahead of many, and equal to any, we have seen. It is well enough to have such a work, even if we think we

have others containing treatment suited to our notions. Published by Presley Blakeston, Philadelphia, Pa.

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**MEDICAL ELECTRICITY.** A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D. Published by Henry C. Lea's Son & Co., Philadelphia. Price, \$2 50.

This is a book of 260 pages, of the most practical character, teaching just what the practitioner wants to learn about electricity and leaving theories for those who enjoy speculations. Everybody wanting a practical work on this subject may purchase Bartholow.

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**WHO'S YOUR SWEET-HEART?**

This is a little book, in paper, 75 pages, which is wholly devoted to the subject of adaptation in marriage. Price, 25c. Address J. H. Chambers & Co., St. Louis, Mo.

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**TREATMENT OF VARICOCELE** by Excision of Redundant Scrotum.—By M. H. Henry, A. M., M. D. Published by J. H. Vail & Co., 27 Great Jones street, New York City; 27 pages.

Well written and to the point—just what any one particularly interested in cases of this kind requires, and should have.

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## *MISCELLANEOUS PARAGRAPHS.*

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### **A New Remedy—Jamaica Dogwood.**

Some time since, while acting in the capacity of county physician, having a sample of fl. ext. esethryna piscidia, left by an agent of P., D. & Co., Detroit, Michigan, I put it on trial and found it possessed anodyne, nervine, hypnotic, and diaphoretic properties. Having found it efficacious in several cases, I ventured to use it in my general practice. Mrs. H., aged sixty, had suffered with asthma for forty years, almost daily, a chronic case aggravated by a change of temperature. I saw her November 10, 1880; countenance pallid, respiration labored, and was propped up in bed by pillows and chairs. She said, "Doctor, can you help me?" I answered, "I will try." "You think differently, doctor, from Dr. R.," she said, "for he says I can't live long." I prescribed: *R. Jamaica dogwood, fl.,*

two ounces, syr. ipecac, one ounce, syr. aurant. cor., one-half ounce. M. Sig.: Teaspoonful every hour until the paroxysm should cease; afterwards, once in four hours, until morning.

The medicine gave almost instant relief. Next morning I continued the same prescription, alternating with a teaspoonful of the tinct. of cinchona every six hours. I visited the patient twice subsequently and discharged the case. The lady has removed to a distant state, but she always keeps the medicine on hand, and she informs me in a recent letter that it always cuts the paroxysms short.

Mrs. C., aged forty-eight. Saw her at 8 p. m., December 7, 1880; countenance flushed, pulse 120, and complained of acute pain in the right side; respiration hurried and laborious. On examination I found premonitory symptoms of pleurisy. She had been taking dovers powders every two hours since noon with no relief. I prescribed one-quarter grain of morphia sulph. every two hours, but she refused to take it as she was sure it would not be retained on her stomach. I gave her half a drachm fl. ext. esethryna piscidia, followed immediately by a teaspoonful of coffee, when she fell asleep in a few minutes. I then ordered the nurse to give her half a teaspoonful every three hours if she should waken. When I visited her the next morning, I learned that she had awakened at midnight and taken another dose and had rested comfortably the rest of the night, and for several hours perspired freely. I prescribed tonics, alternately with the dogwood, four times every twenty-four hours. On the fifth day the lady resumed her household duties.

On —, I was called to see S. B., aged forty-three years, and had been his family physician for nine years. He was subject to severe attacks of hemicrania. Such was the case at this time. I prescribed esethryna piscidia and simple syrup, equal parts, a teaspoonful every half hour till the pain ceased. On taking the second dose the patient fell asleep and soon began to sweat freely. He slept soundly all night and awakened the next morning well and went to his store as usual.

I might enumerate other cases where this remedy gave relief, provided there existed no torpidity of the liver, no renal difficulty, or any organic trouble.—*Medical Brief.*

**Vaginismus.**

Dr. Bouchut, the well-known French clinician, reports a case of vaginal hyperæsthesia occurring in a recently delivered young woman (primipara), in whom the spasm of the vulva was so severe that even touching the parts seemed impossible. Knowing by experience that occasionally simple fissure of the vaginal mucous membrane produces vaginismus, Dr. R., without even making a local examination, prescribed the following: *R.* Extract krameriae, 3 drachms; butyr cacao, 6 drachms. *M.* suppositoria No. 6. *Sig.* Insert one on retiring. After the application of the sixth suppository, patient was cured.—*Peoria Med. Monthly.*

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**Codeia in Dysmenorrhœa**—By F. W. OLIVER, M. D., Rahway, New Jersey.

CASE 1. I was consulted by the mother of a young lady of eighteen years, who, she stated, had suffered with painful menstruation for the past two years. The pain was so great that she neither got rest nor sleep during her periods. After putting her under a general medical treatment, I ordered opium to relieve the pain, but it disagreed with her sensitive stomach. Morphia was no better, although I used it hypodermically. It was then I decided on codeia, in one-fourth of a grain doses, and had the pleasure of seeing my patient perfectly relieved. Her pain disappeared, and a calm sleep was induced. From this happy result I decided to try it in another case, where morphia had played a prominent role and had failed.

CASE 2. A lady, thirty-five years, unmarried, was subject to dysmenorrhœa to such an extent that she had to keep to her bed during four days of her catamenia. I ordered codeia, in one-fourth of a grain doses, morning and evening, with prompt relief.

CASE 3. Married lady, forty years old, complained of distressing pain during her catamenia. About two years ago she aborted at fourth month, and had suffered to greater or less extent ever since, at her regular returns. Physical examination showed an ulcerated os and an anteфлекed womb. While treating the last two affections, I administered codeia to relieve her pains, with the same unfailing and pleasant result. Encouraged by these experiences I prescribed it in a case of mania-a-potu, and in twenty minutes

my patient was calmed, and upon a repetition of the dose he fell asleep.

Again, in a case of great nervous exhaustion, in a gentleman who had to take twenty grains of hydrate of chloral, with one drachm of bromide of potassium, in order to obtain an hour's sleep, I ordered one-fourth of a grain of codeia, to be repeated in twenty minutes, and for the first time in two months that gentleman enjoyed four hours of unbroken sleep. I have used it also in the distressing headache that accompanies malarial fever, and always with the most flattering results.—*College and Clinical Records.*

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### **To Our Customers and Other Friends.**

The copartnership heretofore existing between Wm. S. Merrell, deceased, Geo. Merrell, and Wm. Dodd, under the firm name of Wm. S. Merrell & Co., was dissolved by limitation July 15th, 1881, and the entire assets have been transferred to the Wm. S. Merrell Chemical Company, a corporation duly organized under the laws of the state of Ohio, which assumes all the obligations and will collect all claims of the late firm. The business and policy of the late firm of Wm. S. Merrell & Co. will be continued by their successors, "The Wm. S. Merrell Chemical Company," under the same general management which has conducted it for the past ten years. The increase of capital under our new organization will give us facilities for meeting with greater promptness the rapidly growing demand for our productions. THE WM. S. MERRELL CHEMICAL CO.

George Merrell, president; William Dodd, secretary; J. B. Hargrave, treasurer.

Cincinnati, August 24, 1881.

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### **A Substitute for Glycerine.**

For the benefit of the many readers of the "Brief," I herewith give you an easy-working formula for a substitute for glycerine, camphor ice, cold cream, etc.

Take of pure bay rum and glycerine each one part, quince seed jelly two parts, mix; this resembles Espry's cream. A few drops of the oil of rose or any other perfume may be added to the bay rum before it is mixed with the other ingredients.



The quince seed jelly is easily prepared by adding two drachms of quince seed to two pints of water, boiled down to one pint, then filter and let stand till cool.

The above preparation will be found a pleasant substitute for glycerine, camphor ice, etc. It is neither sticky nor greasy, and will be found an excellent application for chapped hands, cracked lips, and a most excellent dressing for the hair when diluted with rain water.

Various substances can be dissolved in the glycerine if well heated before being added to the other articles.

Boracic acid of about the strength of a drachm to the ounce will be found a most excellent application in most diseases of the skin. Quinine can be used effectually by inunction in this way, as well as other remedies, soluble in hot glycerine.—*Med. Brief.*

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#### **"Proof of the Pudding is in Eating."**

The old adage makes a happy hit occasionally—in this case our leading physicians trying the intrinsic value of a preparation on themselves before recommending it to their patients. Dr. A. M. Powell, Catawba, N. C., Dr. Howard S. Paine, Albany, N. Y., and numbers of others write that they have tried Powell's Beef, Cod Liver Oil and Pepsin (the superior food tonic nutritive and digestive) on themselves [with most beneficial results, and recommend it with pleasure to others.—*Bulletin.*

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#### **Listerine, the New Antiseptic Preparation.**

We are glad to call the attention of our readers to a new and valuable contribution to antiseptic surgery. It is called Listerine, and the thought suggesting the name is indeed a happy one. It is a combination of the essential constituents of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis. Besides these, each fluid drachm contains two grains of refined and purified benzo boracic acid. These substances, carefully prepared and combined in a solution of uniform strength, can not fail to do good service in the treatment of affections requiring an antiseptic.

The preparation is convenient safe and agreeable. Locally, it will be found of real value as a dressing for wounds, ulcers, and abscesses. It may also be employed as a constituent of solutions for atomization in lung affections and of gargle in throat diseases, while internally it must prove efficacious in all forms of fermentative indigestion.

Surgeons and physicians who have made use of any of the well-known ingredients of listerine can attest their value, and will not fail to appreciate the advantage of having them always at hand in suitable combination.—*Louisville Medical News*.

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### The Treatment of Spermatorrhœa.

Dr. Nowatschek reports a case of spermatorrhœa consequent upon an attack of typhus fever. The diagnosis was confirmed by the recognition, under the microscope, of spermatozoa in the viscid fluid which was being constantly exuded from the urethra. Iron, quinine, cold applications to the stomach, and cold Sitz baths were successively ordered, and the affection was diminished but not cured, since the seminal fluid was observed after micturition and defecation. Lupulin, camphor, and potassium bromide having been tried without effect, Dr. Nowatschek had recourse to atropin, which completely cured the patient after five days' use. The author also reports a second and equally successful case, in which a solution of 0.1 gram of atropin in 100 grams of water was injected on two successive days, to the extent of two-tenths of a syringeful, hypodermically into the neighborhood of the perineum.—*Schmidt's Jahrbücher*, Jan. 1880, No. 10.

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### Listerine.

I have used listerine in several cases of ulcerated sore throat as a gargle and with spray, and with best results. Patients also swallowed some at the same time, and improvement followed in each case rapidly. I prescribed it in a case of inflammation of the deep tissues of the foot, in which suppuration had occurred; the pus was not laudable, and the open sore had the appearance of gangrene; foot badly swollen, patient feverish and disordered gen-

erally. Listerne was applied to the entire foot, with result of speedy cure, all bad odors disappearing at once, and the sore healed kindly.

P. D. Yost, M. D.

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#### **Treatment of Asthma with the Induced Current.**

Dr. I. Burney Yeo relates, in the *Lancet*, his experience in Neuenahr, where he saw the induced current used in the treatment of asthma. It sometimes acted like magic, curing the cases completely in a week or two. The electrodes are applied usually on each side of the neck, about an inch below the angle of the jaw. The current must be of good strength, so that the patient can feel the stream go across the larynx and soft palate. In bad cases it should be applied twice a day, from fifteen to thirty minutes each sitting. Dr. Max Schaeffer, who first advocated this treatment, found that the constant current never did any good.

---

#### **Impotency—Nocturnal Emissions.**

Dr. George Weaver, in the *New York and Chicago Medical and Surgical Journal*, July, 1881, says he is charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. It is simply the most efficient nerve tonic in the materia medica. He has treated several cases of impotency that had sorely tried his patience, with complete success, under the use of celerina, in teaspoonful doses, four times a day. From experience, he says that the following combination will give perfect satisfaction in the treatment of nocturnal emissions: R. Celerina,  $\mathfrak{z}$  iij; bromidia,  $\mathfrak{z}$  j. M. S. One teaspoonful three times in water or syrup.

This will stop the emissions, strengthen the sexual organs and build up the nervous system at the same time.—*Va. Medical Monthly*.

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#### **Ergotine Suppositories in Prolapsus Ani.**

R. Eichler, M. D., San Francisco, writes: A boy five years of age came under my treatment, suffering from prolapsus ani of two years' standing. The gut came out to the extent of two and a half

inches after each passage. My treatment at first was of the routine kind—cold effusions, cauterizations with nitrate of silver, tincture of iron, etc. The bowel persisted in coming down at every passage. As a last resort I tried an ergotine suppository.

R. Ergotine, gr. ij; but. cocoa, q. s. M. Ft. Suppos., No. j. One after each passage.

The effect of the remedy has been magical, as after the use of a few of the suppositories there has been no return of the condition, and the case is cured.—*Western Lancet*, Dec.

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#### **Boracic Acid in Vesical Catarrh.**

Prof. Rosenthal, of Vienna (*Wiener Med. Blatter*), has derived decided benefit from boracic acid in various forms of catarrh of the bladder. R. Boracic acid, pure, one part; warm water, twenty parts; hot glycerine, five parts. M. This mixture will keep well for months, and may be given in teaspoonful doses once or oftener daily, in a glass of water.

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#### **Cauterization of the Ear for Sciatica.**

The curious fact that cauterization of the helix of the ear is a promptly curative procedure in many cases of sciatica of peripheral origin is again illustrated by a number of cases collected in *Schmidt's Jahrbücher*, No. 2, 1881. The cauterization of the helix of the ear of the same side as the painful limb was accomplished with Vienna paste.

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#### **Removal of Freckles.**

The following formula is said to be efficacious for the removal of freckles: R. Hyd. bichlor. grs. vj.; acid muriat. dil. 3j; aquæ, 3iv; alcohol, 3ij; aq. rosæ, 3ij; glycerinæ, 3j. M. Apply at night and wash off with soap in the morning.—*The Canada Lancet*, Jan. 1, 1881.

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#### **Goitre—Chloride Ammonium.**

Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of

age, and one a married woman aged forty. The dose given was ten grains, three times a day, the tumors entirely disappearing at the end of three months.—*Amer. Pract.*

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#### **Pruritus in Pregnancy.**

Dr. Montrose Pallen recommends the following formula in this troublesome affection: R. Thymol, grs. xv; vaseline, grs. xxx; powdered brick clay, ʒ iij. M. Dissolve the thymol in the vaseline, and then rub it up with the clay. This is to be applied to the pruritic parts every day or two. Dr. Pallen thinks this will cure every case not dependent on trophic nerve causes.—*Medical Herald.*

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#### **Treatment of Goitre.**

Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.—*Maryland Med Jour.*

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#### **Eruption from Poison Oak.**

A saturated solution of hyposulphite of sodium is recommended in medical journals, the affected parts to be kept constantly wet with the solution. The remedy did not originate with Prof. Maisch, who is credited with it by several journals.—*American Jour. of Pharmacy.*

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#### **Summer Diarrhea of Children.**

R. Bismuth subnitrate, ʒ i; pepsinæ sacch, 3 ss; zinci oxidi. gr. vi. M. Ft. Pulv. No. xii. One powder every four hours.—*Western Medical Reporter.*

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#### **Celerina.**

I have used celerina in a case of general debility caused by sexual excess, and the patient has greatly improved under its use.—N. S. READ, M. D., in *Va. Medical Monthly.*

**Ergotin in Chronic Eczema.**

Dr. Lassar (quoted in *International Journal of Medicine and Surgery*, March 10, 1881) claims that there exists in patients afflicted with eczema a morbid condition of the vasomotor nerves, which results in frequent spasms of long duration, and against this he has used ergotin internally with very good results. He has prescribed it for patients who had been under every form of treatment for a decade with great success. Externally he chiefly relied on the oleum cadini (1 to 10). The average length of the treatment of eczema had been much reduced since the internal use of ergotin.—*Chicago Medical Review*, April 5.

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**Formula Tinea Tonsurans.**

Mr. Besnier, in *Le Progress Medicale*, recommends the following ointment after having first shaved the head: Flowers of sulphur, one part; boric acid, one part; vaseline, forty-eight parts.—*Medical Herald*.

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**Impotence from Salicylate of Sodium.**

Dubrisay reports three cases of young, vigorous men in whom very marked impotence, of temporary duration, was produced by taking forty-five to fifty-grain doses of salicylate of sodium for twenty days, while under treatment for rheumatism.—*L'Abeille Med. La Presse Med. Belge; Buffalo Med. and Surg. Four.*, June.

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**Aconite in Pneumonitis.**

R. Carb ammonia,  $\mathfrak{z}\text{i}$ ; water,  $\mathfrak{z}\text{iv}$ ; tinct. aconite radicis, gtt. x. M. Sig. A teaspoonful every one or two hours.—*Dr. R. C. Word*.

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**Sore Nipples.**

R. Aquæ rosæ; glycerine, aa.  $\mathfrak{z}\text{ii}$ ; acidi tannici,  $\mathfrak{z}\text{ii}$ ; ft. lotion. Sig. Soak lint in this solution and apply to nipples.—*Dr. Barker*.

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**Asthma.**

R. Tinct. lobeliæ,  $\mathfrak{z}\text{ii}$ ; ammon. iodi,  $\mathfrak{z}\text{iii}$ ; ammon. brom.,  $\mathfrak{z}\text{iv}$ ; syrup tolu.,  $\mathfrak{z}\text{iv}$ . M. Sig. A teaspoonful every four hours.—*Virginia Medical News*.

**Ergot in Acne.**

Dr. Deuslow (*N. Y. Med. Jour.*) has found in ergot an admirable remedy for acne. His theory of its action is that by its effect on the unstriped muscular fibres of the skin the latter is restored to a healthy condition. He gives it internally, in the usual doses.—*Ohio Med. Jour.*

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**Absorbent Powders.**

R. Powdered maize, 3iv; oxide of zinc, 3i; calamine, 3iv. M. Sig.—Apply to the excoriated surface.

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**Wanted.**

An eclectic physician, of 'ten years' practice, wants to form a co-partnership with some doctor who has more practice than he can attend to, or a good location desired. Address Geo. C. Pitzer, M. D., St. Louis, Mo.

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**For Sale.**

A practice amounting to about \$2,500 per year, which is increasing. Good property, well improved, worth about \$1,200; also a drug stock of \$800, if desired. Good reasons given for wanting to sell. For address write to Prof. Geo. C. Pitzer, St. Louis, Mo.

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**Vaccine Virus.**

The best quality of cow-pox virus constantly on hand, and supplied physicians at the following price: Five quills (sufficient for ten vaccinations) \$1; air-tight pocket vaccine case, 50 cents. All orders accompanied by the cash will receive prompt attention. Virus guaranteed. Address R. M. Higgins, M. D., Manchester, St. Louis county, Mo.; by telegraph, Meramec, Mo.

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# THE AMERICAN MEDICAL JOURNAL.

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**Art. LXIX.—Eucalyptol and its Therapeutical Properties.—By SANDER, M. D., Dillon, Iowa.**

The June number of the *St. Louis Clinical Record* contains an abstract, copied from Gaillard's *Medical Journal*, of the last meeting of the Clinical Society. In conformity with what I was demonstrating relative to eucalyptol, since it came under my observation, we find the most splendid recognition of its importance and weight as an antiseptic from no less an authority than Professor Lister. He recognized the fact, that there are some persons injuriously affected by carbolic acid, and that, while many substitutes for it—thymol, salicylic acid, sulphurous acid, and so forth—have been tried at various times, they have all been abandoned on account of drawbacks, even more serious than that attaching to phenol. His trials, however, of the oil of eucalyptus globulus (eucalyptol) have shown him that, while entirely free from toxic or locally irritant effects, it is a perfectly trustworthy antiseptic. Where, therefore, we have reason to fear carbolic absorption, or where the carbolized gauze causes toxic effects, eucalyptol may be used without in any way imperiling the results of so-called antisepticism. Although the virtues of that remedial agent will work in time their own way, the efforts of Professor Lister must prove most beneficial to the profession. Through these efforts the trustworthiness of eucalyptol as an antiseptic is incontrovertibly established.

My former publications on eucalyptol have been illustrating distinct cases treated by me and similar reports have since



appeared in the medical literature of the day, reprints of which I submitted to the profession in circular form. Beside these contributions there came a number of highly interesting private communications to hand, which served to correct or supplement, where doubts did still exist. On the strength of the so compiled facts, based in all instances on the most discriminating observation on my own part, I submit in the following to the profession the mode of treatment, which I found most adapted in the application of eucalyptol to the specified diseases. Of course, it must be borne in mind, that alterations, however insignificant they may be, may suggest themselves. On the other hand, I must confess that in many instances I had for precaution's sake recourse to alternate or complicated treatment; it is, however, more than probable that, without other medication, I might have attained the same favorable results.

I wish to call the attention of the profession first to the range of ailments, in which eucalyptol stands foremost as a single remedy. In that respect we have to make room for it in minor surgery. Several patients of mine with severely contused fingers and hands, contracted by the handling of railway iron, got well within a remarkably short lapse of time by simply applying about six drops direct upon the contused parts several times a day. To prevent the bandage from getting dry, and to avoid inconvenience to the sufferer, I had it impregnated with a mixture of lard and eucalyptol. In another case I had removed a small growth in close proximity to the external angle of the left eye. After the operation several drops of eucalyptol were dropped right into the wound and the same then dressed with adhesive plaster. No discoloration or formation of pus, in spite of the extreme sensitiveness of the place where the injury occurred, and the wound closed in less than a week. Next in turn we may place fractures.

Here the direct application of eucalyptol will prevent any swelling, otherwise so rapidly stepping in, and thus considerably facilitate proper adjustment. In cases, where through unavoidable loss of time, swelling is produced, the same may be reduced by irrigating the injured parts with eucalyptol. The quantity of it required for producing the desired effect is very small.

For its application in grave surgical operations I have no field for practical observation; since, however, Professor Lister has

made that agent the object of his researches, we will learn before long the most appropriate mode of application.

We may further class eucalyptol as a single remedy in the treatment of catarrhal affections with a tendency to invading the trachea, larynx and bronchials. In such cases I order repeated moistening of the nostrils and bathing of the internal invaded parts, as far as admissible, by means of a feather or camel hair brush.

Wherever I do meet with phlagmeriac, as pneumonia, pleurisy, pericarditis, enteritis, dysentery, meningitis, etc., or with diseases belonging to the zymotic class, as, typhoid fever, puerperal fever, erysipelas, and, for all, with diphtheria, my first step is to use internally and externally eucalyptol. Of course, the careful physician will not place all reliance in such instances upon one remedy alone, and I shall come back to the particular treatment I resorted to. That the use of eucalyptol, however, in all these diseases is indicated before any other remedy, we cannot find better demonstrated—chiefly when we in the same time consider the anti-inflammatory action of that agent—than by the remark of Professor Pitzer in stating: “that eucalyptol effectually retards the disintegration of the animal fluids and tissues in these cases of disease, which might result in a general breaking up of the blood, and eventually in death.”

To alternate or complicated medication I had recourse in the following diseases:

QUINSY.—I gave a saline cathartic first: then had fauces bathed with eucalyptol, also throat, every two, three or six hours, according to the severity of the case. There occurred in the six cases, in that manner treated, no suppuration or inconvenient enlargement of the tonsils. The quantity of eucalyptol used for bathing has to be very slight. Here, I repeat, that rubbing has to be avoided, or the finest particles will be lost through evaporation. The skin absorbs eucalyptol most readily.

SCARLATINA, MALIGNA AND ANGINOSA.—For the specific sore throat I order, as above, the bathing of fauces and throat with eucalyptol every three or four hours. For external stimulation to counteract deficient reaction, as it always characterizes the disease, I had eucalyptol sprinkled over the bed-clothes about two or three times and even oftener, during the day. To control fever

and regulate the bowels, when constipated, I administer a saline cathartic first, followed by: *R.* Spirit nitri dulci, tinct. opii camph. *aa.*  $\bar{3}$  ss. extr. Gelsemin fl. gtt. xxx. *S.* 25 to 30 drops every two or three hours in a little sweetened water. After the eruption has appeared, I at once step to the internal use of eucalyptol in emulsion form, as the kidneys in many cases show suppression during desquamation.

**DIPHTHERIA.**—In all disorders of the throat, no matter which be the name, eucalyptol has to be applied locally to the invaded parts, and the more severe the case, the more we have to try to get it as close as possible to the affected parts by means of a feather or camel-hair brush. The first two days these applications have to be repeated six or eight times daily. There will be some burning sensation experienced, but it is soon succeeded by relief and comfort to the patient. Internally I prescribe: *R.* Euc.  $\bar{3}$  ss mucilag. gum acaciæ,  $\bar{3}$ ij. *M.S.* teaspoonful every two or three hours. *Quinquinia gr.* xxii. pulv. doveri  $\bar{3}$  ss. *M.* divide in parts xii. *S.* one every four or six hours. Powder and mixture to be given alternately.

**PSEUDO MEMBRANEOUS CROUP.**—I derived in several cases the most splendid satisfaction from the sole application of eucalyptol to the tonsils and as much as possible to the larynx by means of a feather.

**TYPHOID FEVER.**—I was most successful in allaying the excessive diarrhœa and hemorrhage of the bowels in a severe and prolonged case, in the treatment of which another physician had preceded me, by prescribing, *R.* Euc.  $\bar{3}$ ss. mucilag gum. acaciæ  $\bar{3}$ ij. *S.*, teaspoonful every two hours. For precaution's sake I had also the lower region of the bowels bathed with eucalyptol. Although, in the same time the urine, by its high color, showed an abnormal condition, all the disorders yielded speedily.

**ERYSIPELAS.**—Respecting that disease, I adopted, with the very best results the treatment of Professor Pitzer, based on a case reported by him in the January (1881) number of the *AMERICAN MEDICAL JOURNAL.* Prescription: *R.* Euc.  $\bar{3}$  ss. *Syr. simpl.*  $\bar{3}$ i ss, water  $\bar{3}$ ij. *M. S.* One teaspoonful every hour. Nothing else, only plenty of water to drink. No local applications.

**CEREBRO SPINAL MENINGITIS.**—I observed in two cases, lately

treated, the suffering condition of the patients, caused by most intense headache, much allayed by the application of eucalyptol to the neck and down the spinal column. The stimulating power of that agent easily accounts for it, and as an unexpected rapid recovery followed, without any impairing of sight or hearing, we may justly attribute to eucalyptol the favorable termination of the disease. The application of the eucalyptol I had combined with the following internal treatment. *R.* Extr. nux. vom. fl.  $\mathfrak{z}\text{i}$ , potassæ bromide,  $\mathfrak{z}\text{ij}$ , aquæ  $\mathfrak{z}\text{ij}$ . *M. S.* Teaspoonful every two hours.

**INTERMITTENT AND REMITTENT FEVER.**—Close observation convinced me that, to break the paroxysms, quinine will maintain its place. But to avoid the periodical reappearance of the fever, so often witnessed, eucalyptol given regularly for several weeks in doses of eight drops twice daily, stands foremost.

**PNEUMONIA AND PLEURISY.**—Frequent local application of eucalyptol to the chest are by the nature of the diseases not only indicated, but peremptorily called for. Internally, I order Tartar emetic, calomel and pulv. Doveri. If in pneumonia expectoration of pure blood in the first stage of the disease, or albuminuria in the second takes place, these disorders are most splendidly regulated by giving eucalyptol in doses of three to four drops every hour or two. Also for pleuritic effusion I use eucalyptol internally with the same satisfactory result.

**DYSENTERY.**—In a case of extreme severity I ordered with the best results: *R.* Euc.  $\mathfrak{z}\text{ij}$ , mucilag. gum. acaciæ.  $\mathfrak{z}\text{ij}$ . *M. S.* Teaspoonful every four hours, to be given alternately with *R.* Caprici gr.  $\text{ij}$ , Pulv. Doveri and subnitras bismuthi aa  $\mathfrak{z}\text{i}$ . *M.* pulv. divide in parts  $\text{xij}$ . *S.* one every four hours; also both medicaments alternately every two hours.

**PERICARDITIS.**—I refer to the case reported by me in the *Medical Brief*, July 1881. There was caused by the cardiac lesion, bronchial spasmodic constriction, complicated with renal disease. Ordered to relieve the spasms: *R.* Tinct. assæfœtidæ, Tinct. Digitalis, colchici Rad., Extr. Hyosciami fl. aa  $\mathfrak{z}\text{ij}$ . *M. S.* 25 to 30 drops every half hour until effect. To reach the renal disorder by the diuretic action of eucalyptol, and to counteract the inflammatory progress of the cardiac lesion by its anti-inflammatory

properties, I prescribed, 5 to 8 drops eucalyptol to be taken twice a day, and had it also applied to the chest three or four times daily. The comparatively rapid recovery of that patient to whom, before he came under my care, several physicians had attended for 16 months, without benefiting him, was simply astonishing.

**GASTRO HEPATIC CATARRH.**—The case treated presented vomiting, constipation of the bowels and fever. Prescribed: *R.* Magnesia (Husband's) *Soda Bicorbanas*, *aa* ʒij, Gum *acacæ* ʒi, Tinct. *cadamom*, comp. ʒij, Syr. *simpl.* ʒi, *aquæ*, ʒij M. S. Teaspoonful every hour until relief, followed by euc. ʒ ss., syr. *simpl.* ʒiij. M. S., teaspoonful 3 times a day. The last exercised such a marked influence on the digestive apparatus, that I shall always return to its use.

**ACUTE ARTICULAR RHEUMATISM.**—With gouty diathesis, as a case was lately attended to by me, I treated successfully in administering: *R.* *Acetas potassæ* ʒi, *vini colchici* ʒ ss. syrup *lemonis* ʒj, *aquæ* ʒj ss. M. S. A dessertspoonful every four hours. Also euc. ʒ ss., gum. *acaciæ* ʒij, syr. *simpl.* ʒj, *aquæ* ʒij ss. M. S. A teaspoonful every four hours. Both mixtures given alternately, also one every two hours. In this case no benefit was derived from the preceding alkaline treatment alone.

**IN CHRONIC RHEUMATISM.**—I substitute the first of the above mixtures by a solution of Iodide of potassium, and order local applications of eucalyptol to the affected parts.

**IN DISEASES OF THE KIDNEYS.**—Either active congestion or suppression (*Urniæl*) or albuminuria, dropsy, Lithiasis, no diuretic will equal in its action that of eucalyptol. The dose to be given is 5 to 8 drops, in a little sweetened water, every two, four or six hours according to emergency.

**ENTERITIS.**—I reported before in detail the case here referred to. The patient presented an emaciated condition, feverish, the abdomen swollen and very sensitive to pressure and motion. Vomiting occurred frequently with purulent diarrhœa. I ordered: *R.* *Pulv. Doveri*, *subnitras bismuthi aa* ʒi M. Divide in parts xij, S. One every two hours. Flax seed poultices over the abdomen. No change noticeable. I followed with: *R.* Euc. ʒiij, gum *arab.* ʒij, syr. *simpl.* ʒi, *aquæ* ʒij. M. S. Teaspoonful every two hours. Eucalyptol to be applied over the abdomen. The latter treatment had the desired effect.

Although detailed contributions respective to the use of eucalyptol would have been called for, ere this time, in the interest of progress and science, I abstained until now from entering into details, well aware of the fact, that, unless the eminent power of that agent be authoritatively approved of, I might only prejudice its success. This is, after the endorsements of Profs. Lister, Bauer, Mosler, Oertel and others, out of question. Besides I do not intend to treat on the merits of eucalyptol in a scientific point of view, but want to assist, to the best of my ability, in the accomplishment of every-day duties devolving on common practice, a point best reached in giving the results of my own experience in succinct form, tangible for everybody engaged in practice.

I have already on another occasion alluded to the benefits I derived from the extensive use that I made of the remedy in question, and here I can only repeat that the success is continually progressing. In that respect another case of diphtheria, quite recently under my care, did not inconsiderably advance my interests. Preceding to the instance in question, I was called on to consult with two other physicians, who had been in charge of the patient, to the 5 year old son of Mr. Halibašch, a farmer residing about ten miles distant from my location. This case was a lost one, for on my arrival the patient was in a dying condition. Three days after another son, 9 years old, of that family was attacked. In this instance my timely interference was crowned with the most splendid success, although the disease was of a most malignant character. This illustrates only too well that the practitioner, who fails to keep up with the common progress, has only to blame himself for the disadvantages arising out of his neglect.

In conclusion, I beg to refute queries that have found utterance relative to the price of eucalyptol in the medical press. I wish to know, what article could compete in cheapness with a product, of which drops are sufficient, to produce effects! Let every physician, chiefly in country districts, follow my way and keep his bottle with him, dispensing to the patient the half ounce or drachm, as the case may call for. Look out, to get the genuine article, and secure it by applying to one of the agencies particu-

larly published or trusted with the sale of Sander & Son's Eucalyptol, the only genuine eucalyptol in the drug trade.

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**Art. LXX.—The Hypophosphites.**—By EDWARD S. JONES, M. D.

The favorable endorsement of the hypophosphites by Williams of the Brompton Hospital, (the largest field of observation in the world); by Dr. Thorowgood of the London Hospital for Consumptives; by Professor Charteris of Scotland, Professor Da-Costa of the Jefferson Medical College; Professor Bartholow of the Jefferson Medical College and Dr. Edwards, Editor of the *Virginia Medical Monthly*, prove that the hypophosphites have been successfully used in the cure of phthisis. I believe the fact will be generally accepted to-day that they are a very valuable addition to our list of antiphthisical remedies, that of all this class, they alone antagonize the development of tubercle. I have used them in nearly every case I have treated during the past ten years and I am sure the results have varied with the propriety of their use. In bilious, inflammatory, and febrile conditions, I have never seen any benefit accrue from their use. In acute tuberculosis I have thought them entirely inert. In chronic cases unattended with fever, and in non-febrile cases of the more rapid forms they should be given; they constitute our great remedy, and if they fail, the case is hopeless of permanent cure. I do not deny but that cod liver oil, when the stomach can endure it is a very good restorative, that it exercises great power over nutrition, prevents emaciation and exhaustion, increases protoplasmic life, and very much lengthens the duration of the disease. While it is the faithful ally of the hypophosphites, while it fills indications the hypophosphites cannot meet, it nevertheless does not overcome the essential morbid condition, upon which the tuberculous diathesis depends, which only requires exciting and determining causes to awaken into operation the destructive processes of the malady. It would be highly satisfactory, if we could ascertain precisely the structural or functional derangements, out of which tuberculosis originates. The list of theories given in Ancell, covers ten octavo pages, Churchill gives nearly as many; and I am informed that Polk's work now being published is far more lengthy. Very

many of these are but rounds in the ladder upon which he must climb who at last solves this problem. The pancreatic error of Dobell; the acid condition of the small intestines described by Bennett; the phosphatic deficiency discovered by Larcher, Dupuis, Koenig, Beneke, and others are but consequences of a higher cause. Copland placed, I think, justly the primordial error in the organic nervous system. Polk in the medulla oblongata, Ancell and Churchill in the blood. Dutcher and Williams, that it does not depend upon any one well defined lesion but is the common stream into which a number of them flow. Which ever of these be correct, I am certain of one thing—Churchill gave us in the hypophosphites the best remedy yet offered for its cure. From many observations I am sure that if timely, and properly administered, that it will cure the malady in a large number of cases in the first and second stages, that it is as much a specific for the arrest of tuberculous deposits as quinine is for the cure of ague. I do not claim, nor has any one claimed, except Dr. Samuel R. Percy and Mrs. Crosby, that the hypophosphites are even appropriate remedies for any and every stage. All candid writers on the subject admit that the hypophosphites cannot overcome the inflammatory and ulcerative consequences following caseation of tubercle, and inflammatory exudations. The province of the remedy, I repeat, is to arrest tuberculization but not to control the mutations, and destructive results of deposited tubercle.

The form of administration needs but a few words. Churchill preferred the syrups of the hypophosphites of lime and soda given in alternation, but others have preferred more polopharmaceutical preparations. A formula of Dr. Polk, published some years ago in the *Druggist Circular* and the *Pharmaceutical Gazette*, containing iron, manganese, quinia, strychnia, lime and soda has proved to be a splendid remedy in non-febrile cases. I have used it with excellent results; with the exception of the sodic instead of the potassic salt, it does not differ very widely from a proprietary preparatory known as "Fellow's Hypophosphites," which seems to be an imitation of the original formula given without restriction, or reservation to the medical and pharmaceutical profession in 1874. Each teaspoonful contains according to the published



formula two grains of ferrous hypophosphite, half a grain of manganetic hypophosphite, one grain of quinia hypophosphite and one-fortieth of a grain of strychnia, with one grain each of the sodic and calcic hypophosphite in each drachm.

Much has been recently said in reference to the purity of the hypophosphites of commerce. The fact is notorious that they are very alkaline, effervescing freely with acids, showing the presence of large amounts of alkaline carbonates, but these are about all the impurities which they contain. A sufficient amount of free hypophosphorous acid to produce a neutral mixture is all that is required, if a neutral preparation be desired. There is entirely too much commercial cant about the so-called pure syrups.

Almost two years ago I expressed my preference for the organic class of phosphorous compounds. Further experience has strengthened that opinion. The more I have used this class the more I esteem them. And of these I still adhere to my statement then made that the "Glycerite of the Organismal Hypophosphite" was the best of the vitalized variety. It contains a much larger amount of lime in each dose and a smaller quantity of the other salts, and it is held in a larger amount of glycerine.

This remedy has never been advertised, except by a few pamphlets, but it has so far nailed the confidence of nearly every physician who has tested it. There is nothing secret or proprietary about it, any one can make it, who will secure the necessary chemicals and apparatus. At present, however, I believe Mr. H. E. Ashmead is the only person who prepares it. The dose is a teaspoonful thrice daily in water. Professor I. J. M. Goss, thinks very highly of the remedy. He has had excellent results from a combination of a saturated tincture of ptelia, euonymus, and extract of malt (German) with the Organismal Hypophosphites. For a further expose of his views on this class of phosphorous compounds I refer to his notice under the head of Maltine and Glycerite of Kephaline, in his book "New Medicines."

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**Art. LXXI.—Electricity in Medicine and Surgery.**—By GEO. C. PITZER, M. D.

[CONTINUED FROM OCTOBER JOURNAL, PAGE 419.]

The chief object sought in the construction of faradic machines, is to obtain a current of electricity or mode of motion that will excite nervous and muscular functions. The simple galvanic current excites these functions to a limited degree, but its great merits depend more upon the changes wrought in the structures, fluids and solids of the parts by the passing galvanic current. The faradic current influences, mainly, the nervous system. The galvanic current produces a change in all the tissues, but its direct influence upon the nervous system is comparatively limited; but, indirectly, wonderful changes in the nervous system frequently result from the use of galvanism. All this will engage our attention further on. What we particularly desire to place before the reader now is this: The faradic current or the current coming from electro-magnetic machines, is the great nerve stimulant and tonic: under its influence upon the nervous system the processes of waste and repair are increased, nutrition is improved; “the strengthened brain sends more nervous force to the stomach, by which the latter is enabled to send better blood to the brain.”

The galvanic current is a direct and continuous current, as fully described in the foregoing pages. The faradic current is an indirect or *induced* current; and it is an interrupted current. The electricity producing the faradic current is the same as that of the galvanic current, and may come from the same battery, but through intervening machinery the current or mode of motion is greatly modified before it reaches the patient. In the production of a galvanic current we may use a single cell, or we may unite the force and influence of many cells, which we find positively necessary in the successful use of galvanism. We may use two or more cells, with the faradic current, but one cell with the proper elements and exciting fluid, is generally quite enough for all practical purposes, and nearly all the faradic machines in the market are constructed with one cell. The elements may be zinc and carbon, and the exciting fluid the same as that used in the galvanic batteries heretofore described. Or the elements may be zinc and platinum, and the exciting fluid dilute sulphuric acid.

These are called Smee's elements. Or the elements may be zinc and carbon, and an exciting fluid produced by the use of bi-sulphate of mercury and water. Gaiffe's celebrated French pocket batteries are of this construction. The following illustrations will serve to give the reader a very good idea of the battery cells and elements referred to:

Fig. 15. Shows a battery cell where zinc and carbon are used as elements, and a solution of bichromate of potash, and sulphuric acid as the exciting fluid.



Fig. 15.

—one part acid to two of water.

The physician's improved electro-magnetic machine, manufactured by Aloe & Hernstein, of St. Louis, is operated by this cell. And the famous electro-magnetic machines of Kidder are constructed with this cell, only the shape of the cell, and management of the elements differ a little.

Fig. 17. Shows Smee's elements and cell as manufactured by Kidder. The elements are suspended from rubber stopper in round jar,  $\frac{3}{4}$  inches in diameter. In all these batteries, the zinc-carbon and zinc-platinum, the elements have to be removed from the fluid when the instruments are not in use, else the fluid would destroy the zincs. In the zinc-carbon cell the elements are raised by a hinged rod which is turned down when the elements are raised out of the fluid. In the

In principle this is the same as the cells of all zinc and carbon galvanic batteries; the only difference is in the shape of the single cell, which is so constructed as to adapt it to the accompanying machinery.

Fig. 16. Represents the Smee battery cell the elements being zinc and platinum, and the exciting fluid dilute sulphuric acid



Fig. 16.

cell containing Smee's elements, a drip cup is provided, and the elements lifted out of the fluid and placed in the drip cup when the instrument is not in use.



Fig. 17.



Fig. 18.



Fig. 19.

Figs. 18 and 19 show Kidder's improvement upon this plan. He has constructed a cell that when turned right end up keeps the elements immersed in the exciting fluid; when it becomes necessary to stop the action of the instrument, a simple tip describing a quarter circle elevates the elements and lowers the fluid so that they are entirely separated.

This is a great convenience, and all of Kidder's tip batteries, as he calls them, are furnished with this cell.

Zinc and carbon elements with an exciting fluid made of bisulphide of mercury and water are used with various pocket electro-magnetic machines in the market, and will be referred to under the description of these instruments.

So far as cells, elements and exciting fluids are concerned the above should be quite sufficient, and we now introduce a variety of electro-magnetic machines complete.

Fig. 20. Represents a fine instrument of this class, manufac-

tured by the Galvano-Faradic Manufacturing Co., of New York. The elements are zinc and carbon, suspended by hinged rod, as heretofore described.

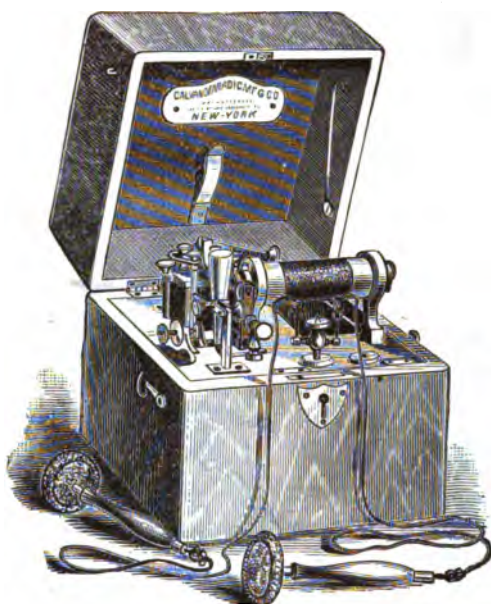


Fig. 20.

evolution of electricity; that the carbon in the cell attracts and conducts this electricity out of the fluid as it is generated; that if a wire is attached to the upper end of the carbon outside of the fluid, and connected with another wire attached to the upper end of the zinc outside of the fluid, we have a simple galvanic current—a continuous direct current.

Now in the construction of a machine to produce a faradic or induced current, instead of attaching a short wire to the carbon, a longer wire is used, ten to twenty feet. This is insulated and wound upon a hollow spool, or bobbin, one round upon another. Then a still longer and smaller wire, perfectly insulated, is loosely wound upon this hobbin, and when all wound up we call this the faradic coil, or helix of the machine. The rounds of wire composing this helix or coil are parallel with each other. Now, if the current in the first wire is broken, a current is generated in

The introduction of this instrument calls for a description of the machinery placed in the circuit of the galvanic current, which converts it into a faradic current. And now, let us keep in mind that we have before us a single cell, like that in the galvanic batteries already described; that the battery fluid coming in contact with the zinc excites chemical action, which results in the

the second wire by induction, the electricity passing through the intervening molecules of air. If the current in the first wire is again closed or caused to flow, another current is generated in the second wire, by induction, but in an opposite direction; hence the current in the second wire, which is an induced current, is not a continuous current, but a succession of currents, resulting from breaking and opening the main current. And this induced current is a to and fro current. For the purpose of breaking the main current, and producing the induced current, the wire conducting the current from the battery cell is so connected with an automatic hammer that the current is rapidly broken and renewed, which results in a rapid succession of to and fro currents in the second wire. The spool upon which the coils of wire are wound is hollow, and in this a bundle of soft iron wires, each carefully insulated is placed. The currents flowing through the wires surrounding this bundle of iron wires magnetizes this bundle, and, while thus magnetized it reacts upon the coil and greatly strengthens the current in the wire. In this way the faradic coil is greatly dependent upon magnetism for its force. Being wonderfully strengthened by the bundle of wires that become magnetic under the influence of the galvanic current, we say *electro-magnetic* when speaking of these instruments.

From the above it will be seen that the simple galvanic current, in passing through different coils of wire parallel with each other, strengthened by a magnetic core, and rapidly broken, causing to and fro currents, must be greatly modified when it reaches the patient; and so it is. While the to and fro character of these currents destroy, almost entirely, the electrolic force of the currents, the power of exciting the nervous system and producing muscular contraction is wonderfully increased; and this is further strengthened by the magnetic influence of the core or bundle of iron wires in the helix.

Fig. 21. Represents the Physician's improved electro-magnetic machine, as manufactured by Aloe & Hernstein, of St. Louis. It has two cells, (acting independent); in case one gets broken or exhausted, the other is in reserve; the two cells can be united when extra power is required, as in case of suspended animation. It has a three section coil, and is therefore well adapted for the

medical profession, as a tension and quantity can be obtained, which are very essential for the electric treatment. When the

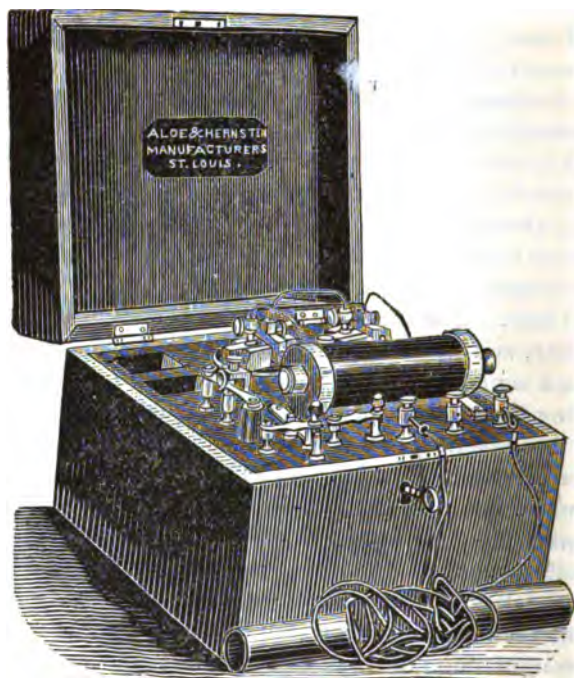


Fig. 21.

pole cords are connected to Post 1 and 2, and the switch is turned on the No. 1 Switch Post, a mild current without quantity is obtained. By placing the switch on the next post, (or No. 2), the current is stronger and some quantity is obtained. By placing the switch on the next or last post No. 3), a powerful current which contains quantity and tension combined is perceptible. Remove the switch entirely from all of the posts, place the pole cord which is in No. 1 into No. 3 post, and you will obtain a strict primary current. This battery is perfectly portable, as the elements are removed and placed in separate cups, while the cells which hold the fluid are each closed with a well fitting rubber stopper. Switch 4 is for breaking the current by removing it from the post on which it rests; it stops the working of the



battery. The helix, or coil, which is one of the main parts that constitute an electric machine, should be well guarded against dampness or impure atmosphere; we have therefore taken the precaution in this battery (so that nothing of the kind can happen) to place a hard rubber jacket over the helix, which is the best insulator that can be had. COMPLETE WITH SPONGE HANDLE ELECTRODES, BATTERY NICKEL-PLATED.

Fig. 22. Represents Kidder's No. 1, Physician's office electro-medical apparatus, large size having four coils of wire in the the helix, and ten currents.

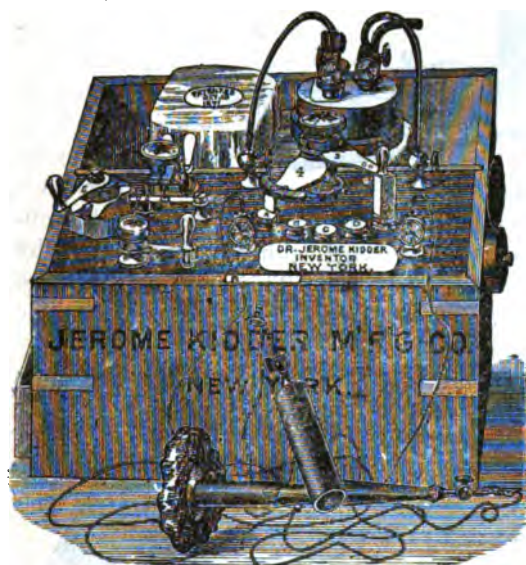


Fig. 22.

There is sometimes a demand for a large range of effect, and to meet this Dr. Kidder has furnished a four coil helix, developing ten currents from the different combinations produced by ranging the two posts selected for the positive and negative. The fourth coil is conditioned to produce electricity in such a ratio

of quantity and intensity, when used in combination with all the other coils as will go *beyond* the range of the greatest effect on the muscles, and *into* the range of soothing electricity, and with mild power, it will exercise the function of vision showing glimmering light, without producing pain. The power of these currents is increased or diminished at pleasure. Full directions for use accompany the instrument.

Fig. 23. Represents a four coil apparatus of Kidder's make, and intended for a physician's visiting machine. It produces ten



currents, the same as No. 1. It is of compact form, constantly ready for use many weeks without attention.



Fig. 23.

zonal position, as seen in the figure. If ever desired, the coil-box can be detached and connected with any other battery by the two screw cups on the back part. This machine is about 6 inches long,  $3\frac{1}{2}$  wide, and six inches deep, and has a metallic handle on the lid for carrying.

Fig. 24. Shows Gaiffe's Pocket Electro-Medical Apparatus. This is a fine machine, and is very popular with all electricians.



Fig. 24.

This battery is put in motion by putting a half a teaspoonful of bi-sulphate of mercury in each of the carbon vats or trays, and adding a little water, then immersing in the vats the zincs belonging to the battery.

This battery runs, without being recharged, during a sitting of

an hour, or for two sittings of a half hour, and gives three currents. 1st, The extra current. 2d, The inductive current. 3d, A combination of the two, in greater intensity. Though the results of these currents may be the same physiologically, yet they present a series of increasing effects which may be varied at will, beginning with a current so mild as scarcely to be perceptible, and being gradually increased to one of great intensity. When the battery is charged with the bi-sulphate of mercury and water, it gives rise to no odor. All its parts are perfectly adjusted, and do not readily get out of order. Extra troughs may be obtained at a small cost, thus enabling the physician to leave one with each patient whom he treats by electricity. This arrangement also diminishes the weight of the apparatus. The whole machine is in form of a case,  $7\frac{1}{2}$  inches long, 4 inches wide and  $1\frac{1}{2}$  inches thick, weighing only 24 ounces, including therein the electrodes, etc., contained in the case. Nothing protrudes from the exterior. It is, in fact, a pocket instrument, combining with compactness and durability all the qualities of superior electro-medical apparatuses.

Fig. 25. Represents Kidder's pocket induction apparatus, which he claims to be superior to anything of the kind.

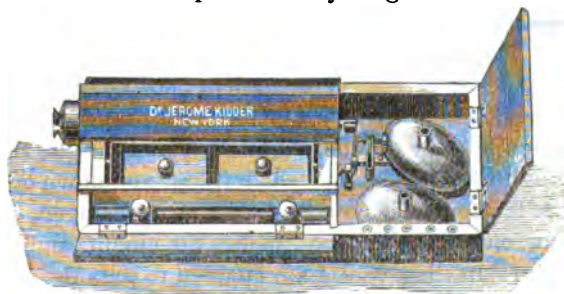


Fig. 25.

This apparatus has very expensive coils so as to get the desired ranges in the qualities of currents, in a very small space. It operates by means of a very little bi-sulphate of mercury, gives very strong power, and is very satisfactory in its operation. Two handles and sponge-clasps with conducting cords accompany each apparatus.

Fig. 26. Represents Dr. Hathaway's Electro-Magnetic Chair.

The object of this invention is to provide a simple and convenient apparatus for the transmission of electrical currents through all parts of the human body and in different directions. It consists of a chair (or a bed, lounge or water bath may be used) provided with a suitable battery, wires and switches, by means of which currents of electricity may be passed through the body of the patient sitting therein, such currents being under the absolute control of the attendant, who can send them at will, first in one direction, and then in another, as desired.



Fig. 26.

The special application of this powerful remedial agent to any particular portions of the person has, thus far, been attended with great inconvenience. So far as known to me, it has never been done without the removal of the patient's clothing, and the passing of the current by means of a sponge or like substance over the surface of the body.

In using this apparatus, it is only necessary that the hands and feet should be bared. The patient sits comfortably in a chair, and when the switches are placed in a proper position, the current is made to enter the right foot, pass up the right leg, cross through the pelvis into the left leg, and down out of the body by the left foot. If now the switches be changed, the positive current enters the left foot, makes the circuit, and goes out of the right. In this way I am enabled to pass the electricity through the pelvic portions of the body, which heretofore it has been almost impossible to reach.

In a similar manner, the proper connections being made, the currents will enter the body by either hand, pass up the arm, cross the thorax to the other arm, and leave by the opposite hand. The switches may also be placed so that the electricity will enter both hands, pass through the entire system, and out by both feet.

The management of this apparatus is easily learned, and as the changes are made at intervals of five minutes, one attendant can, without difficulty, attend to four chairs at the same time.

I know this to be a convenient invention for the administration of this powerful therapeutic agent without giving the patient any trouble whatever. When in Chicago, at the National Convention, I took the pains to call at Dr. Hathaway's office, and examine this Chair, as he had it in operation. I wanted one immediately, for it is so convenient. Many people are benefited by electricity, but the use of it, as ordinarily applied, requires so much time and care that the busy practitioner can hardly afford to appropriate it. But this invention does away with the objections. It is easily managed, pleasant to the patient, and in many cases where electro-magnetism is required, it is *THE* thing. I am greatly pleased with it, and will freely give any information I can in regard to it; or I will take pleasure in showing the chair to anybody who may take the trouble to call at my office where it may be seen in operation.

Of course we do not pretend that everything in the way of faradization can be done through this chair, for we sometimes desire to localize the faradic current, and where this is the case we resort to a Sponge electrode. But in the scores of cases of nervous exhaustion that come to us, where general faradization is *the* therapeutic agent, then this chair is a real luxury. I would not be without it and engage to treat diseases of the nervous system.

(TO BE CONTINUED.)

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## ABSTRACTS.

**Listerism.**—By Prof. ROBERT A. GUNN.

Prof. A. J. Howe, of Cincinnati, in his "Report on Surgery," presented at the last meeting of the National Eclectic Medical Association, at St. Louis, made a poor attempt at ridiculing Listerism, to which the writer replied at length. I had not thought it necessary to reduce my remarks to writing, and should not do so now, but for the fact that the said report was published

in the "Eclectic Medical Journal" for July, 1881, and is calculated to mislead those who are not familiar with the history of antiseptic surgery.

As far as I have been able to learn, Prof. Howe has always opposed the principles of Listerism, and like others who have fought the antiseptic dressings, he has never given them a fair trial. In fact, while I am willing to accord to the doctor all the credit to which he is justly entitled as an operator and teacher, I am forced to conclude that he has not the patience to follow out the minute details of any complicated method of treatment. A year ago he condemned the plaster-of-paris jacket for spinal curvature, because he failed in its application through his own carelessness. Now, he unqualifiedly condemns Listerism, although he has never tried it; and because others, like himself, have written against it, he tries to make it appear that this practice is losing ground.

The history of antiseptic surgery, and the theory on which it is based, are subjects with which the older readers of the "Medical Tribune" are familiar. The leading points may be briefly recapitulated as follows:

M. Pasteur, of Paris, after a long series of experiments, directed attention to the existence of living organisms floating in the atmosphere, which, he claimed, were the direct cause of fermentation and putrefication. Bitter discussions of this and kindred questions followed; but now the correctness of Pasteur's theory is acknowledged by all the leading scientists, among whom are Huxley, Tyndall, Darwin, and last, but not least, Lister.

When Pasteur announced his theory, Joseph Lister was an unknown surgeon in the Glasgow Infirmary. He at once became a disciple of Pasteur, and applied the germ theory to the pathology of suppurating wounds. He argued that these germs, coming in contact with open wounds, produced excessive suppuration, which retarded healing and led to serious complications. He then aimed to find a dressing that would admit of the free access of air to the wound, but would destroy these germs. He selected carbolic acid, as the agent possessing the greatest power for the destruction of low forms of life. His methods of applying the

acid were variously modified till he finally adopted the present method of dressing (see "*Medical Tribune*," vol. I., p. 111), which has won its way, in spite of the strongest opposition, till it is now almost universally recognized as the leading feature of modern surgery. So completely has Prof. Lister won for himself the gratitude of the profession, that honors have been showered on him from every quarter, and his methods of dressing wounds have, by common consent, come to be known as Listerism.

After long and careful experiments, Lister read his first paper on this subject, August 21st, 1867, before the British Association for the Advancement of Science. In referring to the influence of antiseptic treatment, on the general healthiness of hospitals, in that paper, he said: "Previous to its introduction, the two large wards in which most of my cases of accident and of operation are treated, were amongst the unhealthiest in the whole surgical division of the Glasgow Royal Infirmary, in consequence, apparently, of those wards being unfavorably placed with reference to the supply of fresh air; and I have felt ashamed, when recording the results of my practice, to have so often to allude to hospital gangrene, or pyæmia. It was interesting, though melancholy, to observe that, whenever all, or nearly all, the beds contained cases with open sores, these grievous complications were pretty sure to show themselves; so that I came to welcome simple fractures, though in themselves of little interest either to myself or the students, because their presence diminished the proportion of open sores among my patients. But since the antiseptic treatment has been brought into full operation, wounds and abscesses no longer poison the atmosphere with putrid exhalations; my wards, though in other respects under precisely the same circumstances as before, have completely changed their character; so that during the last nine months not a single instance of pyæmia, hospital gangrene, or erysipelas has occurred in them."

Similar results have been reported from every hospital where antiseptic surgery has been faithfully tried, and every leading surgeon of the world, with possibly two or three exceptions, has pronounced in its favor.

Listerism marks the beginning of a new era in surgery. Ab-

dominal surgery is now reduced to almost an exact science by its use. The cavities of joints are opened into with impunity, and operations on them performed with the certainty of success. Compound fractures are treated as successfully as simple ones, and the mortality after amputations reduced to almost nothing. So-called cold or scrofulous abscesses, and extensive necrosis, are now no more dreaded than an ordinary boil; and chronic ulcers, of years' standing, are healed in a few weeks. All these grand results have been obtained through the use of Lister's antiseptic dressings; and none but those who are only wise in their own conceit will to-day attempt to deny the fact.

Prof. Howe says, "In course of time cases of wounding were carefully treated without the use of carbolic spray, and placed in competition with others managed according to the most approved methods of Joseph Lister; and it was found that the spray did some harm in most instances, and that the very best results followed dressings conducted without a Listerian adjunct." This statement is a wilful misrepresentation of facts, and I defy Prof. Howe to produce a single item of proof to make his words good. That bad results may follow the use of antiseptic dressings in careless hands there can be no question; but when we put Listerism on trial we must prove that harm follows its use in the hands of those who know how to apply it.

The question at issue is, is the principle on which Listerism is founded correct? If so, the method of carrying out that principle is of small importance. Other and simpler methods may yet be found; and if so, I am sure Prof. Lister will be among the first to acknowledge their merit. Till these are wrought out, we have no right to object to the present one on the ground that it is "expensive and troublesome."

We have only to read the reports of the meetings of the International Medical Congress, held in London, England, during the first week in August, to see how much weight Prof. Howe's assertions are entitled to.

Sir James Paget, the president, in his opening address, said: "It would be difficult to think of anything that seemed less likely to acquire practical utility than those researches of the few naturalists, who, from Leeuwenhoeck to Ehrenberg, studied the

most minute of living things—the vibrionidæ. Men, boasting themselves as practical, might ask, 'What good can come of it?' Time and scientific industry have answered, 'This good: those researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture; and their power is not yet exhausted.'"

Prof. Pasteur, in his address on "The Germ Theory," said: "Two motives have brought me to London. The first was to gain instruction, to profit by your learned discussions; and the second was to ascertain the place now occupied in medicine and surgery by the germ theory. Certainly I shall return to Paris well satisfied. During the past week I have learned much. I carry away with me the conviction that the English people are a great people; and as for the influence of the new doctrine, I have been not only struck by the progress it has made, but by its triumph."

In the surgical section, Mr. Spencer Wells discussed the recent advances in the surgical treatment of intra-peritoneal tumors, and said: "That the use of antiseptics had done away with the need of drainage." The antiseptic method had many warm supporters; but Dr. Keith said that after eighty successful ovariectomies with antiseptics, he had five deaths out of twenty-five cases, and for that reason decided to abandon the treatment. He does not, however, give any particulars as to the extent of the adhesions, or the constitution of the patient.

Further on in the discussion, Prof. Lister stated that he advised Dr. Keith against the use of antiseptics in the first instance; but notwithstanding Keith's cases, he asserted that antiseptics in ovariectomy had been successful.

The few who did not adopt Lister's methods clearly recognized the value of antiseptics, and used in their dressings agents as strongly antiseptic as carbolic acid. This fact does not detract from the importance of Listerism in the least, but is additional proof of the truth of the theory.

Prof. Volkmann, of Halle, Saxony, in his address to the Con-



gress on "The changes which surgery has undergone in the last ten years," pays a glowing tribute to Prof. Lister and antiseptic surgery. He says, "And this revolution, in the midst of which we still stand, although the first wave has exhausted itself, has been called forth by the *one* uncontestable fact, that all those countless and incalculable disturbances by which the wounds, and hence also the life of those operated on or wounded, are threatened, are only the consequences of particular processes of decomposition of the animal fluids, brought about by the intrusion of lower organisms." Again he says, "By rescuing from the domain of chance, the results of our labors, as far as they depend upon operations and the treatment of wounds—and this will always remain the chief and especial work of surgery—the antiseptic method has elevated surgery to the rank of the least experimental science.

"But never has a discovery been made in surgery which has ever approached this in its benefits to humanity in general. Many thousands of human beings have, in the short space of time that has elapsed since then, preserved life and limbs, and been spared pain and a long confinement to a sick bed; and millions will yet share in these benefits, for the principles of the antiseptic treatment of wounds will *never* again be abandoned so long as the whole of our knowledge is not lost, no matter how our art on the points of attack may change."

Even the obstetrical section of the Congress favored the free use of antiseptics after parturition; and all who have followed the methods of Lister in the lying-in-chamber can attest the advantages to be derived therefrom.

After such a weight of testimony, it is needless to quote further to disprove the groundless assertions of Prof. Howe. Nor is it necessary that I should add my own experience with Listerism. The readers of the "Chicago Medical Times" in 1869 and 1870, the students to whom I have lectured during the past twelve years, and the readers of the "Medical Tribune," are familiar with my views. I need only add, here, that for thirteen years I have followed the methods of Prof. Lister in all their minute details, and I have succeeded when other surgeons declared it was impossible. I have never yet had a bad result following

this treatment, though I have used it in almost every variety of operation and accident. I believe that most of the progress made in operative surgery during the past fifteen years is due to the general adoption of the principles of antiseptic surgery, as laid down and practiced by Prof. Lister.

I would say to the liberal profession: do not allow yourselves to be misled by Prof. Howe's sweeping and groundless assertions. Investigate the subject for yourselves, and you will find that the entire weight of testimony is in favor of Listerism. Inquire as to the present status of this question, and you will become convinced of the following facts, all of which Prof. Howe attempts to ridicule:

First—That the germ theory is almost universally recognized as a fixed scientific fact.

Second—That antiseptic surgery, as promulgated by Prof. Lister, is recognized by the profession as the grandest contribution to modern surgery.

Third—That this theory, and the practice based on it, is not "attacked in high places," but everywhere admitted by careful surgeons to be the only safe way to treat wounds.

Fourth—That Listerism has been adopted by all the leading obstetricians and gynecologists in the world, and Dr. Keith alone has abandoned it; and,

Fifth—That established truth cannot be brushed aside by the waive of the hand of those whom prejudice has rendered unfit to pass judgment.—*The Medical Tribune*, October, 1881.

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### Control of Diarrhœa in Typhoid Fever.

Dr. James W. Allan, Superintendent of the Glasgow Fever Hospital, says in the *Lancet*, March 19:

It is, perhaps, better not to attempt to check diarrhœa of enteric fever so long as it is mild—that is to say, as long as the motions do not exceed three or four in the twenty-four hours. But when the stools are very loose and copious, as well as frequent, it becomes a very desirable thing to control, if not to stop, the diarrhœa. Severe purging rapidly exhausts a patient. In the case of children the following measures may be tried: 1. Boiling the milk which constitutes the patient's diet; 2. boiling

cinnamon in the milk, and straining it; 3, adding lime-water to the milk in varying proportions, say from one in four to half and half.

The above simple remedies are well worthy of trial. They have the great advantage, in the case of children, of not being "bad to take," and further, while the patient is taking the medicine he is taking his diet (*i. e.* milk) at the same time.

In the case of adults the means just mentioned should first of all have a trial. If they fail we may then try (1) that excellent pill—lead pill with opium—say one every three or four hours, till the diarrhœa is restrained. This pill is very valuable in the treatment of purging, and it has the additional advantage of tending to relieve pain and check flatulent distention of the intestines. Should the purging continue, and especially if the desire to go to stool be urgent and persistent, we should at once resort (2) to the use of the starch and laudanum injection—say ten, fifteen, or twenty drops of laudanum in two tablespoonsful of thick starch, injected into the rectum. This is a capital remedy; it checks the diarrhœa, allays the irritation, and probably at the same time disposes the patient to sleep. It is perhaps unnecessary to add, that no beef-tea should be given while there is diarrhœa.—*Southern Pract.*, June.

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**Intermittent Fever of the Pernicious Form.**—Clinic of PROF. DRAPER, N. Y. Hospital.

This patient had been admitted four days previously. He was brought in unconscious, sweating profusely, with a high fever, subsultus, and every evidence of extreme prostration. The only history obtainable was that he had recently arrived from the Orient, having suffered from fever while at sea. The symptoms and periodicity of the disease indicated pernicious intermittent. The administration of medicines by the mouth was found to be impossible. In two or three days, forty grains of quinine were given hypodermically, a quantity equal to two drachms by the stomach. The effect was most happy; the remedy restored consciousness, and caused the patient to cry out for food. Temperature on the fourth day 98°, pulse 68, respiration 16.—*Med. Record*, July 16.

## EDITORIAL.

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THE AMERICAN MEDICAL JOURNAL.—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal, is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$2.00 a year in advance.

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### The Tri-State Medical Society—Medical Orthodoxy (?)

The seventh annual meeting of the Tri-State Medical Society, (Allopathic), composed of delegates from the local medical societies of the allopathic school of physicians in Illinois, Indiana and Kentucky, also in Cincinnati and St. Louis, has been in session at the Lindell Hotel, St. Louis, for three days, commencing on the 25th inst. (Oct.) It is estimated that about 200 delegates are present. Dr. A. M. Owen, of Evansville, Indiana, President, took the Chair at the opening of the Convention. At the proper time the President delivered an annual address. He enlarged upon the duties of the association, specifying and urging the regulation of the social evil as one of the important functions of the Society. Like many physiologists, materialists and fatalists of the present day, he based his arguments almost wholly upon physical considerations. Of course, if it could be established that the physical condition of the race could be improved by licensing, legalizing and regulating prostitution, then it would follow that a better moral condition would obtain, for physical and moral laws do not conflict; but it has not been established, anywhere or by anybody, that such is the case; on

the contrary, the proof is abundant and indisputable that virtue, and laws enforcing, so far as is possible, the measures intended to prevent and suppress the social evil are attended by the happiest results, physically and morally. An effort seemed to be made to drag Drs. Hodgen, Gregory and Johnson into this discussion, but they emphatically repelled everything like imputations of favoring the social evil law, and, with several others, manifested a disinclination to discuss the subject.

Other subjects were freely discussed. Dr. Porter, speaking of diphtheria, thought that the septicæmia in many cases arose from the retention of poisonous matter in the alimentary canal, and regarded cathartics as exceedingly useful, recommending large doses of calomel.

Dr. Buck said he had treated diphtheria as follows: R. Carbolic acid, gtt. xv. ; fluid ext. pinus, canadensis, ℥ss; glycerine, ℥jss. M. S. Swab the throat and wash with a dilute form. In addition he used chlorate of potash and whisky internally. Drs. Latter and Reber objected to the swabbing; said the efforts excited did more harm than good.

The local application is certainly a good one, but we prefer listerine, and our mode of applying it is with a camel-hair pencil. The fluid ext. of eucalyptus and pinus makes a fine local application. And I have used a diluted form of Monsel's styptic and carbolic acid in many cases with the happiest effects.

During the afternoon typhoid and typho-malarial fever were discussed. Time, rest, careful nursing and simple diet were the measures advocated; heroic medication discouraged. Dr. Hughes, of St. Louis, advised to put a quiet upon the brain, the use of hydrate of chloral and bromide of ammonium. Dr. Reber regarded sulphite of soda in twenty grain doses, four times a day, as a very good preventive of delirium and prostration. Quinine was generally considered useless in these fevers.

The paper that excited the warmest debate was "Medical Orthodoxy," by Dr. T. B. Woodburn, of Illinois. He spoke of the sects and systems of medicine, and their ethics, passing adverse criticisms on several schools of medicine not considered orthodox by him. But these discussions in all branches of the profession are generally more windy than edifying, and not encouraged by the more dignified members.

One good thing was urged: that a law be enacted in every State prohibiting any medical college from receiving as students persons who cannot pass a good English examination.

Dr. J. H. Rauch, of Illinois State Board of Health, claimed that to properly enforce these laws the local courts, the people and the physicians must be educated to appreciate the efforts made to protect the Commonwealth from medical imposition. He said there was a good deal of humbuggery in regard to the issuing of medical college diplomas, and he advocated a special board of examiners for each State, whose duty it should be to examine every applicant for a physician's license, regardless and independent of any college or diploma. He advocated that examinations be graded uniformly as to medical and literary attainments, and that that uniformity be obtained through national associations of orthodox physicians of reputable schools.

We do not question the end in view, and Dr. Rauch is certainly making vigorous efforts to suppress quackery, but we are opposed to examining boards of the character he describes. Of course, till we can do better they may answer the purpose, but when a man graduates from a reputable medical college (and no other should be permitted to exist), and receives his diploma, that document should be his license to practice medicine anywhere on earth. The regulation of all this business should commence at the medical colleges. No medical college run in the interest of the professors to make money, should be permitted to conduct the final examination of candidates for the Degree of Doctor of Medicine. The functions of a medical college should be to *teach*, and to another body should be left the decision as to attainments of students coming from the various medical colleges as candidates for the honor of M. D. Every city or State where medical colleges exist, might have such a board. But we are not in favor of such a thing being obtained and controlled by any one school of medicine. Schools should have nothing to do with it. That is, if a man is qualified for any position on such board, and his constituents favor his elevation to such honors and office, he should not be ostracised because he happens to be an allopath, eclectic or homœopath. The people all over this country are being educated in this direction, and we have no fears but that

justice will be done in nearly every instance. Where the people control, we have but little to fear. .

Returning to the general business, etc., of the Convention, we regard it as creditable, but in no way superior to those of a similar character in our own branch of the profession. In fact, our National, of last June, was the most edifying medical convention ever held in St. Louis.

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### **"A Trick of the Trade."**

In illustration of the dangers that may arise to the science of medicine from the encroachments of trade is seen in the case of the drug, or compound, known as "Tonga," legal proceedings in relation to which are now pending in the courts at Detroit. This drug attracting the attention of Drs. S. Ringer and Wm. Murrell, of London, as a reputed Fiji island remedy for neuralgia, was investigated by them; and the results of their investigations published, for the benefit of science, in the London "Lancet." Drs. Ringer and Murrell's article created more or less interest in the drug in medical and pharmaceutical circles in America, which induced Messrs. Parke, Davis & Co., of Detroit, to dispatch a special agent to the Fijis to secure a supply of the genuine article for use in this country. After going to this trouble, and to the additional expense of placing it in the hands of the profession quite generally throughout the country, and donating generously to the hospitals for careful clinical test and report, a moderate demand sprang up. Before, however, the investment had become a paying one, and at this late date, an English house, Messrs. Allen & Hanbury, step forward, and through their agents, Messrs. Schieffelin & Co., of New York, institute legal proceedings against Messrs. Parke, Davis & Co., for what they claim is an infringement of their trade-mark. It seems that Messrs. A. & H. have registered the name "Tonga" as a trade-mark on the drug Tonga, and seek to gain an unlimited monopoly of the manufacture and sale of the article by means of this "trick of the trade." This "trick," however, is well known in case of the so-called "patent medicines," where the *name of an article* is claimed as

its trade-mark. The principal argument against the "patent medicines" is, not that they are patented, for this is rarely the case, but the danger to science, and to a scientific profession, accruing from the system of unlimited control by which the proprietary medicine business seeks to lock up all knowledge of composition, and by creating an artificial demand through unscientific advertising to compete in such an unfair manner, with the medical profession. The case of "Tonga" looks very much like a trick of the nostrum ring to persecute Messrs. Parke, Davis & Co., because of their well-known antipathy and telling strokes against this abuse of the trade-mark law. It is to be hoped that the efforts of this house to put pharmacy on a scientific basis will be properly appreciated by the profession.

This case is now in court, and first came up for hearing October 14th in the city of New York before Commissioner Deuel, and it is attracting considerable interest among the drug trade, as it involves a principle which has frequently been passed upon by the courts of this State, but apparently has never been definitely and specifically settled by the Supreme Court; that is, whether a party has the right to trade-mark the proper name of an article, and thus exclude others from the manufacture of the same article, and the name having by adoption and use become the name of the article, whether others have the right to manufacture and sell the same article under the same name, the article not having been patented. This will affect many of the patent medicines and preparations for which protection is sought by registering the names as a trade-mark. It is understood that when the case was brought, the complainants, as the chemical extract "Tonga" is of no considerable importance, supposed that Parke, Davis & Co. would consent to cease to use the article, and the case would be dropped. Messrs. Parke, Davis & Co., however, regarded the principle involved in the case as of vital importance to the drug trade, and therefore they will not consent to the settlement of the principle adverse to the ground taken by them by any other court than the court of final resort. Mr. Rowland Cox, of New York, appears for Messrs. Hanbury & Allen, and Mr. Frederiek H. Betts, Mr. James Brooks Dill, of New York, and Judge Lothrop, of Detroit, for Messrs. Parke, Davis & Co.



**Celerina.**

Celery, erythroxyton and viburnum, form a valuable compound, and in the shape of celerina, Richardson & Co., of St. Louis, put them up for the profession. We have found this combination, as thus prepared, exceedingly valuable in the treatment of nervous headache, nervous exhaustion, and other associated ailments of women; but the cases to which we now desire to call attention, where the celerina is of inestimable value, are those suffering from nervousness resulting from intemperance. Every practitioner of medicine meets with such cases. Men, and sometimes women, come to us trembling and apparently exhausted, all from the effects of intemperance. Such cases are approaching delirium tremens. Celerina is the most appropriate prescription we can give them. A few doses of bromide of potassium may be given, alternated with the celerina, at first; but after this, for permanent effects, we depend upon the celerina. Erythroxyton alone is of inestimable value in nervous exhaustion, but when combined with celery its effects are more marked, and the restorative effect upon the brain is more permanent.

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**Morning Sickness—Acid Phosphate.**

We would call the attention of the medical profession to another property of the acid phosphate of Prof. Horsford, viz. : that of allaying the sympathetic troubles incident to the early stages of pregnancy. For morning sickness and nausea, it has been used with good results. It seems to relieve the burning sensation sometimes felt before rising. Dr. D. T. Nelson, of Chicago, says, "I find Horsford's acid phosphate a pleasant and valuable remedy in indigestion, particularly in pregnant women." Dr. W. S. Atlee, of Philadelphia, says, "Having used Horsford's acid phosphate very extensively in my practice, which consists mostly of uterine diseases and disorders incident thereto, it is with pleasure I attest my appreciation of its usefulness."

Let the patient put eight or ten drops of acid phosphate into a half-a-glass of water (cold), and take a sip of it, say five minutes before rising, or whenever the sickness or nausea is coming on.

It is equally effective, and to some may be more palatable, taken in hot water, or tea without milk or sugar. In such cases, use

the same dilution as above. Some constitutions may require a stronger dilution, which fact experience alone can decide.

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#### **The American Medical College.**

Never since the organization of this school was the prospects more flattering than now. A fine class in daily attendance, dissecting material plenty, hospital advantages equal to any school in the West, and everything that could be desired to make a course of lectures pleasant and profitable. The winter session is now well advanced, and by January 22 will be out; but immediately after the close of the winter session, a spring course will begin, twenty weeks in length, and equal, in all respects, to the winter session. Students can come any time, now or later in this session, and what time they lose in the first session they may make up in the spring without extra charges. Practitioners and students contemplating attending lectures this year will do well to call and investigate the claims and facilities of this college before matriculating elsewhere. See advertisement pages.

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#### **Dr. Hathaway's Electrical Chair.**

We once more call attention to this apparatus, described and illustrated in our papers on electricity. The chair is fine, and a first-class electro-magnetic machine is attached to it, all of first-class style in appearance, and made of the most expensive and durable material. We shall take pleasure in exhibiting this chair to all who desire to see it in operation, as I have it in my office. Nothing ever before invented compares with this arrangement for convenience in the use of electricity, where we want its constitutional stimulant and tonic effects.

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#### **Eucalyptol—From *Eucalyptus Globulus*.**

We call special attention to the leading article in this number of the JOURNAL, as it bears upon a subject of great importance to every practitioner of medicine—the subject of antiseptics. So far as antiseptic surgery is concerned, I have had but little expe-

rience with eucalyptus; but in diseases of a zynotic character, such as diphtheria, typhoid fever, typho-malarial fever, erysipelas, puerperal fever, etc., I can testify that the eucalyptus is invaluable. It is the principal remedy I employ in many of these cases; and I am more than pleased with its action. I use it in the shape of eucalyptol, fluid extract of eucalyptus, and that excellent compound called Listerine, which is largely made up of eucalyptus, and is a beautiful and valuable preparation.

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#### **Archer's Gynecological Chair.**

This is a beautiful and convenient piece of furniture for any physician's office. While it serves as a clinical and examination chair, it may be used for common purposes, and is an ornament to the physician's office, besides. See advertisement.

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#### **Vaccine Virus.**

Richardson & Co., 710 N. Main street, St. Louis, are wholesale and retail agents for Dr. Martin's cow-pox virus; and always have a fresh supply on hand, which they warrant to give satisfaction.

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### *BOOK NOTICES.*

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A TEXT-BOOK OF PRACTICAL MEDICINE, with Particular Reference to Physiological and Pathological Anatomy. By Dr. Felix Von-Niemeyer, of the University of Tubingen. New edition, 1881, two volumes, about 700 pages each. Published by D. Appleton & Co., New York.

This work is unlike any other in the market. Niemeyer was not only a cultivated writer, but he was an original thinker, and careful observer. He died in 1871, at the age of fifty, and in his death scientific medicine lost a giant intellect. Since his death, his work has gone through another German edition, besides this American edition now before us.

Every practitioner of medicine who ever reads Niemeyer's

book expresses himself as being pleased, and really feels that he has learned something. While the therapeutics of the work may not come up to our ideas, or those of Bartholow, his physiological and pathological anatomy opens up a field for thought, observation, and the application of drugs, that no other work on the practice of medicine even approaches. While we admire a therapist, we also appreciate a sound pathologist, and Niemeyer is one of the best, and is so acknowledged by all branches of the profession. And we would not speak lightly of him as a therapist, for we find some of the most direct and positive measures, original and practical, in this book. It should be remembered that Niemeyer was a man of experience. He was not merely a teacher and writer, but he was an industrious, busy practitioner, and his earnest sayings are simply the faithful record of his mature experience. We earnestly encourage practitioners, who have means to invest in books, to secure a copy of Niemeyer, and give it a careful study.

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**AMERICAN NERVOUSNESS: Its Causes and Consequences.** By George M. Beard, A. M., M. D. 12mo. Cloth. 352 pages. Published by G. P. Putnam & Sons, New York.

Prof. Beard is acknowledged authority everywhere, and this book is one of his best efforts. It embraces ailments that give general practitioners a great deal of trouble; and a careful study of this volume will materially help them to a successful plan of treatment of some of the most obstinate difficulties met in medical practice. Every practitioner's library should contain a copy.

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**ON THE ANTAGONISMS BETWEEN MEDICINES AND BETWEEN REMEDIES AND DISEASES.** By Roberts Bartholow, M. A., M. D., L. L. D.

This book is made up of six lectures, delivered by Prof. Bartholow, on the effects and antagonistic influence of some of the most important drugs of the materia medica. Opium and belladonna are fully discussed. And aconite, quinine, chloral, calabar bean, pilocarpin, strychnia, veratrum, gelseminum, digitalis, and

several others are carefully studied, and the effects properly noted. All who are interested in the administration of drugs, singly or in combination, should read this book. It is well written, and full of practical information, that cannot fail to edify any and every therapist. 120 pages, cloth. D. Appleton & Co., New York.

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## MISCELLANEOUS PARAGRAPHS.

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### About Medical Practice.

SPRINGFIELD, ILLINOIS, October 11.—The State's Attorney of Shelby County instructed a Grand Jury not to indict on a complaint of a violation of the medical practice act, the evidence being that no fee had been charged. The attention of the State Board of Health was called to the matter, which was referred to the Attorney General, who has just given the following opinion:

STATE OF ILLINOIS,  
ATTORNEY GENERAL'S OFFICE, }  
SPRINGFIELD, OCT. 6, 1881.

HON. JOHN H. RAUCH, *Secretary State Board of Health*:

DEAR SIR.—I have the honor to acknowledge your favor of the 5th instant, asking whether or not, in prosecutions for the violation of the "act to regulate the practice of medicine in the State of Illinois," it is necessary to show that the person accused charged a fee in order to sustain a conviction.

I respectfully submit the following reply: Section 3 of the act referred to declares the penalty which shall attach to "any person practicing medicine or surgery in this State without complying with the provisions of the act," with the proviso that it shall not apply to those in practice ten years, etc. No other exception is made, and no reference is there made to charging or not charging fees. If a person "practices medicine" without complying with the provisions of the act, he is liable to the penalty. What, then, is "practicing medicine"? Is taking a fee a necessary part of "practicing medicine"? Taking the words in their usual and ordinary signification, we would say one is engaged in practicing medicine who announces to the public that he will prescribe for

the diseased who may apply to him for relief, and who makes the treatment of such his chief occupation or business. If he did that he would be "practicing medicine," and whether the services were gratuitous, or exorbitant rates were charged, would be wholly immaterial in determining that question.

But the statute comes to our aid, and in section 11, says: "Any person shall be considered as practicing medicine, within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, \* \* \* but nothing in the act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency."

The object of the act, as indicated throughout all its parts, is to prevent the practice of medicine by unqualified persons, and to protect the public from the evils that might attend the practice of medicine by those unskilled in the profession.

I must hold that a fee is not a necessary element to constitute a violation of the act. Of course a person who should in a case of emergency render gratuitous services would not be liable to the penalty. It is not intended by the law that a person not licensed shall stand by and see his fellow suffer from sudden affliction, waiting the arrival of a licensed physician or surgeon, or become liable to the penalty of the law if he furnish relief. By doing such an act he would not become a physician or "one engaged in practice of medicine." The law applies to those who make a business of practicing medicine, and it is wholly immaterial whether fees are charged or not.

A different view may have arisen from the examination of old English precedents which made the charging a fee material, but such were based upon a statute which was passed for the benefit of the practitioner, and not like our law for the benefit and protection of the people. Very truly yours,

JAMES MCCARTNEY, Attorney General.

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**Rhus Aromatica.**—A. S. HUSTON, M. D., Pendleton, Ind.

I have tried *rhus aromatica* in various forms of pathological condition and with good success in some of them, but the best success was obtained in disease of the genito-urinary organs.

Case 1. Mr. J., aged 50, bilious lymphatic temperament, occupation a farmer. Commenced with a frequent desire to urinate which rapidly grew worse and in a few days resulted in enuresis. Upon examination I found the patient had at no time suffered from any form of venereal disease and up to this time had been perfectly sound in those parts. R. *Rhus aromatica*,  $\mathfrak{z}$  ii; elixer simplex,  $\mathfrak{z}$  vi. M. S. One-half teaspoonful once in three hours, which entirely relieved within twenty-four hours.

Case 2. Mrs. H., aged 58, nervous temperament. Had for some four years suffered at times and was constantly growing worse, from a bearing down and intense burning after a frequent urination, had tried several physicians but with no relief, and after several unsuccessful prescriptions I prescribed rhus as in case first but with little relief. I then prescribed: R. *Rhus aromatica*,  $\mathfrak{z}$  i; elixer simplex,  $\mathfrak{z}$  i. M. S. One-half teaspoonful every three hours, increased to a teaspoonful if not relieved. The dose was increased to a teaspoonful and the case was greatly relieved, and a continued use of this prescription has so nearly relieved that only occasionally does the symptoms occur.

Case 3. Mrs. H., aged 75, was troubled with frequent urination and burning of the meatus after micturition. R. *Rhus aromatica*,  $\mathfrak{z}$  i; syrup simplex,  $\mathfrak{z}$  i. M. S. One-half teaspoonful once in three hours, which almost dispelled the symptoms.

*Piper Methysticum*—(Kava kava.)

I desire to speak a commendatory word for this agent in the treatment of vaginal leucorrhœa, which is so prevalent among both old and young ladies. I will not go into detail as to age, temperament, etc., but simply say that I have prescribed: R. *Kava kava*,  $\mathfrak{z}$  i; syrup simplex,  $\mathfrak{z}$  i. M. S. Teaspoonful three times a day and in no case (from which I have heard a report) have I failed to relieve; some were much more severe than others, and many had been treated for months for vaginitis. Hope to hear from others.—*Physio-Medical Journal*, Sept. 1881.

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**Chloroform in the Cold Stage of Pernicious, or Congestive Malarial Fever.**—By WM. W. MURRAY, M. D., Baltimore, Md.

March 20th, was called to see Lilly H., aged six years; found

her suffering with well marked chill, the usual amount of congestion present. Warmth to surface was the only direction given, there being no necessity for active interference.

Was sent for very hurriedly in half an hour and informed that the child was dying. When I reached the bed-side, within a few moments from the summons, found that overwhelming congestion had suddenly developed; the lips were livid; entire skin surface mottled, icy cold, and bathed in clammy perspiration; heart's action slow and labored, pulse scarcely perceptible; respiration being very imperfectly performed; lower jaw drooping, and eyeballs turned up; pupils irresponsive. Her condition could not be more alarming. I perceived at once that the congestion must be relieved, and that very soon, or the child would die.

I immediately dropped about 3 ss. Squibb's chloroform on a little pulverized gum acacia, and made the child swallow it. No sooner had it reached the stomach, it seemed, than reaction set in, the superficial capillaries dilated, the skin began to get warm, the lividity of skin and lips disappeared, the heart and lungs became disengaged, the pulse and respiration improved, the eyes resumed their natural beauty; in short, the congestion was relieved, and life restored where, but a moment before death was imminent. The rapidity with which all dangerous symptoms were dispelled can be realized only by those who have witnessed such a case. Under liberal doses of quinia the child was soon restored to health.

Chloroform, given either by inhalation or by the stomach, will *always* relieve these cases, as is well known in our Southern country, where the congestive chill so frequently manifests itself, and not only so, but, as the greater includes the less, it will *always* relieve the congestion of an ordinary child; the reaction (fever) being less or greater according as the congestion is dispelled at first, or after it has become well marked.—*Medical Summary*, July.

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### **Oil of Ergot in Skin Diseases.**

Dr. Shoemaker has obtained excellent results from the use of the oil of ergot in the treatment of the acute variety of eczema.



He finds that it is particularly valuable in that form in which the part is hot, tumefied and covered with small vesicles, some of which have burst, and the fluid coming in contact with the surrounding parts has caused considerable irritation. It is also a most useful application in eczema of the lips, in which the surface is tumefied and fissured, bleeding readily upon the slightest movement of the parts. It is efficacious in cracked nipples and in herpes of the genitals, as well as in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. As a local application in erysipelas, oil of ergot is also of great service. In rosacea after making punctures over the patches with a needle-knife and allowing the surface to bleed freely, the application of oil of ergot will soothe the part, constrict the blood-vessels, and thus greatly modify the diseased action. The remedy is equally serviceable in diseases of the mucous membranes, and has been found of use in catarrh of the nasal passages, in ulceration of the cervix uteri, and in gleet. The oil of ergot may be prepared by the addition of benzine to ergot, and afterwards allowing the benzine to evaporate. The substance thus obtained is a moderately thick, reddish-brown fixed oil, with a slight odor of herring pickle, and an acrid taste; it is soluble both in alcoholic and alkaline solutions.—*Trans. of the Med. Soc. of the State of Pennsylvania*, vol. iii., part i., 1880.

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### **Boracic Acid in Gonorrhœa.**

Mr. J. W. H. came to me on October 17th, suffering from gonorrhœa of four weeks' standing. Discharge profuse, and micturition quite painful; four small ulcers upon the glans-penis and prepuce produced by accumulation of discharges from urethra. Prescribed: *R.* Acid boracic, ʒss; aqua rosa, ʒiv; use as injection three times daily. Also, bismuth sub nit., Iodoform, aa, ʒss; oleum amygdala amara, gtt, x. *S.* Apply to ulcers twice daily. Did not see the case again until October 22d, when upon examination the ulcers had healed, and all discharge had ceased. Case was cured within five days.

Ft. Worth, Texas.

JEROME H. BOYD.

### Unquestionable Testimony.

Dr. Jno. Morris, Baltimore, Md., Dr. T. Hamilton Bush, New York city, Dr. J. J. Collins, Guilford, Indiana, and Dr. Edward Alcorn, Hustonville, Ky., all physicians of the highest standing, write that they have tried POWELL'S BEEF, COD LIVER OIL AND PEPSIN (the superior food tonic nutritive and digestive), and recommend it highly.—*Clipping*.

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### Listerine.

Now that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give *Listerine* a trial. Eucalyptus is one of its constituents, and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Med. News*.

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### Medical Society Meeting.

The Southwestern Kansas Eclectic Medical Association meets at the city of Newton on the 29th and 30th of November, 1881. All liberal physicians are invited to be present, and bring their wives, and enjoy a feast of good things.

DR. H. G. KERNODLE, Sec'y.

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### Obituary.

Robert S. Newton, M. D., of New York City, had a stroke of paralysis on Friday, October 14th, 1881, and died on the 16th, two days later, of cerebral hemorrhage.

Prof. Newton was well known by many of our readers, and a great many of the older members of our branch of the medical profession knew him personally. He was an old pioneer eclectic, enthusiastic and ambitious; and upon these traits mainly depended his moderate success. While he was not highly cultured in any direction, he had some native talent that he used in giving the eclectic cause a start in its earlier days; but of late years his force and influence were growing more limited—markedly so. He was about sixty-two years of age, large and portly in stature;

rather imposing in appearance and address. At the time of his death he was Dean of the New York Eclectic Medical College, and a member of the National Eclectic Medical Association. While he affiliated with the legitimate associations, and assented to the regulations of the same, he was ever inclined to indulge adventurers, and prone to encourage innovations. But these were his weaknesses, and those who knew him best understand most about what we are writing. For the reasons above hinted at, among men who had a high sense of professional honor, Prof. Newton's ideas of advertising and encouraging slack training for medical students, were not appreciated. This resulted in a great loss to him, financially and professionally, for he might have been immensely wealthy and universally popular.

All this should be a lesson to others; and men with the native talent of a Newton, properly trained and directed, should leave mines of earthly treasures behind them, besides a professional and personal name and character, that should honor a nation.

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### **Vaccine Virus.**

The best quality of cow-pox virus constantly on hand, and supplied physicians at the following price: Five quills (sufficient for ten vaccinations) \$1; air-tight pocket vaccine case, 50 cents. All orders accompanied by the cash will receive prompt attention. Virus guaranteed. Address R. M. Higgins, M. D., Manchester, St. Louis county, Mo.; by telegraph, Meramec, Mo.

### **Medical Books and Surgical Instruments.**

We make a specialty of the Book Business. Students and practitioners wanting books of any kind, no matter of what school or where published, may order them direct from us, and rely upon getting what they want, and upon as good terms as they can be had anywhere. Surgical Instruments, Pocket cases, and Saddle-bags the same. For price list see advertising page 6.

### **Journal Business.**

The regular subscription of this journal is \$2.00 a year, in advance.

~~Be~~ Subscribers will bear in mind that if their subscriptions are not renewed, their names will be dropped. We never continue the JOURNAL and send bills.

Address DR. GEO. C. PITZER, 1110 Chambers Street, St. Louis, Mo.

THE  
AMERICAN MEDICAL JOURNAL.

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No. 12.

**Art. LXXII.—Stem Uterine Supporters.—By S. S. STAUFER,  
M. D.**

A medical college professor recently wrote, that my publications were not plain on the length of stems on stem uterine supporters.

In answering, I discovered that an explanation on this point was of much more importance than had entered my mind at any time before.

And as some readers of this journal, even in the first year of our acquaintance, took the short route to increase their knowledge on the treatment of the common ailment of women, by inquiring of me, instead of taking the more laborious and time-consuming way, to search only the text-books, I have concluded to send my explanations to the editor of this journal.

The page now appearing in the advertising columns, with all its information, had been in type before the above remark was made, and therefore says nothing of the length of stems.

That the caliber of the female vagina varies greatly all gynecologists do know. This variation appears in part congenital; so does the depth or thickness of the perineum in rare cases, and makes the entrance to the vagina proper, or that part in which the uterus is located, a long and narrow channel, and the os and cervix, when depressed in the hollow of the sacrum, difficult to reach and explore.

But circumstances in life increase the caliber, and it not unfrequently, at advanced age, becomes inverted into procidentia. But not only do circumstances of life increase the caliber of the vagina, also, the cervix uteri, or vaginal portion of the uterus, in a corresponding ratio. Every confinement adds slightly to subinvolution. These are, however, physiological functions.

But the cervix uteri also gradually increases in size,—said by disease; and more suddenly, by congestion and inflammation. This increase may be the chief cause of immobility; or, if this does not take place, the vagina yields to increase of caliber, and makes room for motion.

In length the vagina admits of considerable elongation, but reverts back and places the uterus, in health, in its normal position, or to its abnormal, already fixed by displacement.

Emmet cautions us against driving the uterus “above health-line.” This point appears to be well taken by the close-observing author. Hence, the uterus cannot suffer to be driven above its point of liberty, nor wedged into immobility.

But we differ from many of the authorities, that it is difficult to procure, at least in the majority of cases, a suitable womb-supporter, or that it has to be of a modifying material, and molded to suit another indication at almost every visit; or a change, if of hard rubber, to suit, even to an indefinite period, at the expense of the patient or husband. There is no other disease cured that throws the common ailments of the family and its connections into a physician's power equal to female troubles.

A number of readers of this journal can corroborate these assertions from the past, however short experience, in the increase of their practice; and that a suitable supporter, that seldom needs exchange, is sent of my series, if the case is well described and the questions in the catalogue answered.

If the length of the stems required would vary as much as the impression prevails, these selections would fail more frequently. The fact is simply this, that the ordinary stems vary but half an inch. The longer are put on multipara and virgin cups, and the shorter on multipara and procidentia cups, since a collapse of the walls shortens the vagina.

Calls for a shorter or longer stem on cups, or exchanges on account of the length of stem and cups, do not appear in an average of two hundred.

The stems on stem-globes and stem-levers, need to vary not only when used in anteversion or retroversion, but also in individual cases; hence the correction and support by stem-cup, when possible, is the most simple and should have the preference.

The short vagina, as found by the touch or lock of the conductor speculum, after entering one and a half or two inches, instead of moving freely to near (t) is immobility of the uterus in common, unless some abnormal growth in the background or adhesion. The latter, absolute, is rare, unless the vagina had been at some time invaded by syphilis, ulceration and abrasion from other causes.

The immobility of the uterus, its consequences, and setting again in motion, will be more fully explained in "Bird's-Eye View" of Gynecology, in connection with the new catalogue, of which a copy will be sent free as soon as out to all correspondents who receive the *AMERICAN MEDICAL JOURNAL*. In the meantime, all inquiries will be answered by writing, by temporary publications, or through this journal, when of common interest and instruction.

*Philadelphia, Pa.*

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**Art. LXXIII.—Direct Medication.—By GEO. C. PITZER, M. D.**

The art of using drugs for the relief and cure of disease, furnishes us with a study at once interesting and pleasant, and yet onerous. Interesting, because the knowledge gained gives us satisfaction, and, if rightly applied, brings us reputation and profit. It is pleasant, because we succeed in giving relief to the suffering; onerous, because so much is embraced by the subject.

Before we can study drug-action successfully and satisfactorily, we must first know something about disease; and we cannot profitably study disease till we have learned the expressions of life in conditions of health; then, at a glance, we comprehend

the magnitude of our subject. We realize that the foundation of all medical knowledge, of a practical character, rests in our familiarity with the construction of the human body in a state of health.

Conceding that we have a good knowledge of physiology, we then commence the study of pathology—the study of life as manifested by people suffering from disease. Having comparatively mastered this branch of our subject—by study and observation learned to distinguish between healthy and unhealthy manifestations—we commence the study of drugs. We first learn their physical properties; learn to know them when we see them; learn to distinguish one from another; learn to detect any imperfection or adulteration. This is no small part of our study; and, right here, permit us to urge the necessity of every physician dispensing all the drugs he prescribes. The moment we assume the responsibility of furnishing our patients with drugs, we begin to look about for the best and purest articles to be found. We select, examine, purchase, handle, prepare, mix, smell and taste, till we become thoroughly familiar with the properties of everything employed. All this gives us great advantage. It insures our patients against danger of drug-clerk mistakes, and inspires them with confidence in what they are taking, and gives us to feel that our patients are surely taking exactly what we want them to have. Other things being equal, physicians who furnish and dispense all the drugs they prescribe, can always excel those who write prescriptions and depend upon drug-clerks for whatever they may know how to prepare. Then we insist upon it, that men who assume the responsibility of practicing medicine *shall learn drugs*; learn to know them by sight, taste and smell; and no better school can be found than the daily business of the family physician.

*The Form of Drugs.*—Drugs are kept in a crude state, in the shape of leaves, barks, roots, salts, etc.; or they may be prepared—made into fluid extracts, tinctures, infusions, elixirs, syrups, powders, saccharated extracts, pills, sugar pellets, ointments, etc. Under the head of each drug mentioned in this volume, the best form for use will be given, and in many cases the details of the preparation written out in full.

Drugs in a crude state are rarely prescribed now-a-days. Our pharmacists have succeeded in presenting them in such beautiful, palatable and acceptable form, that crude drugs are rarely equal to ready-prepared medicines. True, some drugs seem to give better results when used in a comparatively crude state, the process of preparation seeming to weaken or alter in some way their therapeutic properties. Where crude drugs are most appropriate we advise their use.

Of all the forms in use, the fluid extracts, common tinctures, green root tinctures, and specific tinctures are the most popular. In most cases fluid extracts are prepared from recently gathered but dried materials—leaves, barks, or roots, as the case may be; and sixteen fluid ounces of the extract are meant to represent the therapeutic properties of one pound of the crude material. These fluid extracts, when well prepared, as we get them from reliable houses, are of uniform strength, and give good satisfaction.

Common tinctures are of various strengths, and we have to refer to the dispensaries and pharmacopœias for their relative strength and dose. They are good preparations when carefully made, but inconvenient, because they are not uniform in strength.

Green root tinctures are confined to drugs that require to be made up or tintured while fresh. They are fine specimens of pharmaceutical skill, as we receive them, and always give good results when rightly applied.

Specific tinctures are uniform in strength, being about half as strong as fluid extracts. They may be made by adding two pints of dilute alcohol to a pound of crude material, allowing about fourteen days for maceration; then transfer to a percolator, and gradually add dilute alcohol till two pints of tincture are obtained. Finally, the tincture is filtered, and we have a fine preparation for general use. All the specific tinctures recommended and used are of the strength here indicated, and they are prepared in a manner similar to that given. They have no particular advantages over good fluid extracts; are no better in any respect, and require to be given in larger doses. One advantage, however, the country physician can prepare them himself, while he cannot very well produce a reliable fluid extract.



Infusions are only resorted to in particular cases, when water, hot or cold, is found to extract the virtues of a drug better than any other solvent. Senna und dioscorea are good examples of this.

Elixirs are sweetened tinctures or solutions, and are nicely put up by our pharmacists, generally flavored or spiced, and sometimes colored in such a manner as to disguise and effectually conceal any disagreeable odor or taste of the principal drug in the solution; and yet the virtues are in no way impaired. They are comparatively palatable, and very convenient forms for many drugs, such as eucalyptus, bromide of potassium, etc.

Syrups are frequently employed, but are not very good forms for the great majority of drugs, and are more liable to ferment and deteriorate than other forms.

Powders are very good forms for many drugs. Ipecac and podophyllin, well triturated with sugar of milk, one part of the drug to ten of the sugar, give better satisfaction than can be obtained from these drugs in any other form. Some other drugs are equally well adapted to the powdered form.

Saccharated extracts, which are presented in a fine powdered form, are very convenient, uniform in strength, and as reliable in a therapeutic point of view as any tincture or fluid extract, and have the advantage of being more portable. Their solubility in water is an important feature that every practitioner will appreciate, and nearly all of them are readily made into solution with pure water; and when a perfect solution is not obtained, the sugar of milk assists in suspending them in water. The dose of saccharated extracts is the same as the drug from which they are made. One grain of the saccharated extract represents one minim of a fluid extract of the same drug. These are fine preparations, and we know them to be reliable, and feel confident they will finally become very popular. They keep better than any other form.

• Pills are very popular, and this form is better adapted to many drugs than any other. Phosphorus, nitrate of silver, copper, and many others might be mentioned as examples. And in many cases bitter and nauseous drugs, like quinine, may be given in pill form with good results, whereas the taste of the powders

might provoke vomiting. Pills are so carefully prepared by our pharmacists, and nicely coated, that nobody, scarcely, objects to taking them. Of course, where a very speedy effect is required, pills are not so appropriate as fluids or powders.

Sugar pellets, as prepared by homœopaths, may be used in some cases to good advantage. These pellets are made of pure sugar of milk, of different sizes, numbered according to the size. We use Nos. 30 and 40 for adults, and in most cases of children, but with very young infants a smaller size will be found better adapted. One ounce by measure of these pellets equals about one ounce by weight. To prepare them for administration we put one ounce of them into a two-ounce bottle; then, in another bottle, we mix five drops of any fluid extract or tincture with which we desire to medicate the pills, with forty-five drops of pure alcohol. We shake this well and pour it on the pills. This strong alcoholic solution will not dissolve the pellets, but is very readily absorbed by them. After shaking a few times they are ready for use, and may be given in doses of five, ten, or twenty every one, two, or six hours, as demanded. They may be swallowed, or allowed to dissolve on the tongue. This is a very convenient mode of dispensing, carrying and administering aconite, phosphorus, belladonna, nux vomica, and many of the potent drugs of the materia medica. No water, not a drop, should enter into the solution for medicating these pellets, for this would dissolve them.

Ointments have their place. They are almost wholly confined to surgical practice, but we may sometimes prepare an ointment by adding a drachm of quinine to an ounce of lard, and by applying this to the body of a patient get all the influence of quinine that we want. This is an admirable practice in many cases of children, where they refuse to swallow, or reject everything taken by the mouth.

*Inhalations.*—Some drugs may be administered to advantage by inhalation. Chloroform, aqua ammonia and nitrite of amyl are examples of this kind, and they will be referred to under the proper heading.

*Injections and other Methods of Rectal Medication.*—When, for any cause, medicines cannot be given by the mouth, we may

resort to injections or suppositories. Medicines injected into the rectum frequently meet every indication, affording speedy relief and hastening cures. Suppositories may be used instead of injections, and they are more convenient, especially when we use them in the form of capsules. Gelatine capsules may be filled with any drug indicated, and they are easily introduced into the rectum, and give the very best of satisfaction. In the absence of gelatine capsules cocoa butter may be used for making suppositories, and with this the appropriate drug may be incorporated and properly shaped for introduction into the rectum.

*Hypodermic Medication.*—This is the quickest, and frequently the most effective method of reaching and impressing the system with drugs; but we cannot use *all* drugs in this manner. Only such as will not irritate and inflame the tissues they come in contact with can be used in this way. Fortunately, however, those seemingly the most necessary for use in this manner are the ones that excite the least irritation, such as morphine, atropine, apomorphia, etc.

Every physician should understand well the use of the hypodermic syringe; and he should know how to handle the drugs used with such marvelous success in this manner. And there is no excuse for ignorance in this regard, for the literature upon this subject is abundant, and the drugs in use by the hypodermic syringe are so nicely prepared in the shape of "compressed tablets," that but little trouble is experienced in handling them, and no danger in over-dosing. We shall frequently recommend the use of drugs hypodermically, singly and in combination.

*Drug Action.*—Having referred in a brief manner to the forms of drugs, their action next engages our attention. That certain results follow the administration of drugs everybody knows. That ipecac will provoke emesis, castor oil produce catharsis, opium narcotise, alcohol intoxicate, and capsicum stimulate, all will at once admit. But exactly how these results are brought about by these drugs is not so well settled. And it frequently happens that the most prominent and violent action of a drug is not its most valuable action in a curative or therapeutic point of view. In olden times drugs were tested with a view to their general and more prominent effects, little regard being paid to how

they acted, or what peculiar influence they might have on particular parts, regardless of their gross effects. Of late, however, drugs have been more carefully tested; and it has been found that certain drugs always influence particular organs or tissues in a particular manner—excite, soothe, stimulate, depress, improve nutrition, increase waste, or change the action in some way. Now, as we learn the effects of drugs, upon the principles above alluded to, we can very readily adapt a drug to a condition when we find it. For example: We find that digitalis is a drug that when given in very large doses has a tendency to paralyze the heart and endanger the life of the patient. But when given in small doses, frequently repeated, lasting tonic effects are secured, while the depressant properties, which amount to nothing in small doses, and are quite evanescent, are not observed at all. While digitalis in large doses might kill a patient suffering from any disease competent to weaken the heart and give a frequent feeble pulse, small doses of digitalis would give strength to this heart, and under its influence the pulse would grow stronger, fuller and slower. This we call the direct application of a drug to an actual condition.

Another example: Apocynum cannabinum, when given in large doses, produces nausea, vomiting, profuse catharsis, and general exhaustion. This is the general effect of this drug, and for years nothing more was known about it. But when we come to study apocynum carefully, we find that it has a peculiar action on the system very unlike this. When given in small doses, just short of catharsis, the flow of urine is increased, nutrition is improved all over the body, and if dropsical effusions are present they are speedily carried away by absorption, the capillary circulation growing active under the influence of the apocynum. It will be seen that this drug actually excites or stimulates the vaso-motor nerves, improves the capillary circulation, and in this way effete and foreign materials are removed from the system under its influence, and that, too, in such a silent manner that no inconvenience is suffered. But apocynum will be thoroughly studied and faithfully presented in another chapter. Our reference to it here is only for the purpose of showing what we mean by direct medication, that we mean the application of drugs to special condi-

tions, and upon this principle we propose to show as clearly as possible the direct action of the leading drugs in our materia medica.

*The Combination of Drugs.*—While it is true that all drugs increase or diminish the functional activity of certain organs of the body, it is also true that these same drugs influence other organs of the body at the same time, but in a less degree. If single drugs produced single effects, and single conditions only were observed, then we might talk about confining ourselves to single remedies; but while we find complicated conditions, calling for drugs of different therapeutic properties, we can see no impropriety in giving different drugs in combination, especially when we know they are chemically compatible. While we detest the careless compounding and mixing of a dozen or more drugs in a single prescription, we know that remedies may be well applied in combination in many cases, and that the results of such practice are entirely satisfactory. Appropriate combinations will be suggested throughout these papers.

#### SPECIAL REMEDIES AND THEIR DIRECT APPLICATION.

*Aconite.*—The fluid extract, specific tincture and saccharated extract, are the appropriate forms for use. They should be prepared from aconite root. Any one of these forms may be substituted for the other in any case. For administration: *R.* Fluid extract aconite root, gtt. viii to xxx; water, ℥jv. *M. S.* One teaspoonful every one, two or three hours, according to the requirements. Or, *R.* Specific tincture of aconite root, gtt. xv to xl; water, ℥jv. *M. S.* Use the same as the solution of fluid extract. Or, *R.* Saccharated extract of aconite root, grs. viii to xxx; water, ℥jv. *M. S.* One teaspoonful, as required, every one, two or three hours. For children, one or two years of age, one to two drops of the fluids, or one or two grains of the saccharated extract to four ounces of water, and a teaspoonful every one, two or three hours.

Aconite impresses the system very soon after it is taken. Large doses are apt to provoke emesis, though they may not. A peculiar tingling sensation in the tongue, lips and extremities, is noticed in a few minutes. The pulse becomes slow and small,

and if the dose has been very large, the pulse finally fails at the wrist; the hands, feet, tongue and whole surface of the body grow cold, eyesight dim, diminished sensibility generally, respiration slow and labored, and a profuse cold perspiration covers the body. The body temperature is reduced from one to three degrees; the flow of urine is increased, and the bowels are relaxed.

From all this we learn that aconite is a powerful sedative, a depressant; and we find, by using it as a medicine, that we are not mistaken in its effects. It is one of the most powerful antagonistics of febrile movement of a sthenic character; that is, where we have a patient suffering from a high grade of fever, the pulse full and strong, skin hot and dry, arterial tension high, respiration frequent, the patient nervous and restless, aconite is the remedy. Under its influence, in medicinal doses, the pulse grows slower; respiration easier, skin moist, urine freer, nerves quiet, and everything more favorable. No matter what may be the particular disease upon which these conditions depend, when we have them as above described, aconite is a remedy. In some cases we may combine gelseminum, while in others veratrum does better. Aconite is specially beneficial in all high grades of fever associated with local inflammation. It soothes, relaxes, relieves and moderates febrile action and inflammation more certainly than any known remedy. It is found useful in nearly all cases of eruptive fevers, especially at the onset; but as the fever declines and the pulse grows slow and feeble, aconite is no longer useful. Aconite is not a remedy when the pulse is slow and feeble. Neither will it better the condition of a patient when the pulse is frequent and feeble, the heart and arteries being weakened by disease.

Aconite is prompt in the relief of tonsillitis or quinsy. We apply a drop or two directly to the inflamed tonsil. A camel-hair pencil may be used for this purpose, and an application may be made every hour or two.

To control catarrhal inflammation of the nasal passages and larynx nothing equals aconite. For croup, especially catarrhal croup, it is the most reliable remedy we can employ. Combined with asclepias it is the most appropriate drug we can use in pleu-

ritis; and in the first stages of pneumonia, in combination with veratrum, we rely upon it to moderate febrile movement and limit the congestion and inflammation. In pleurisy: *R.* Fluid ext. aconite root, gtt. xx; fluid ext. asclepias, ʒj; water, ʒjv. *M. S.* One teaspoonful every half hour till the effects of the aconite are manifested, or the pain relieved. In pneumonia: *R.* Fluid ext. aconite root, gtt. xx; Norwood's tinct. veratrum, gtt. xx; water, ʒjv. *M. S.* One teaspoonful every one or two hours, as required to control the pulse and moderate the febrile movement.

Inflammatory rheumatism is very much relieved by the internal and local use of aconite. For internal use, where the fever runs high: *R.* Fluid ext. aconite, gtt. xxx; fluid ext. macrotys, ʒjv; water, ʒjv. *M. S.* One teaspoonful every hour. Or, *R.* Saccharated ext. of aconite root, gr. xxx; fluid ext. of conium, ʒj; water, ʒjv. *M. S.* One teaspoonful every two hours. Or, *R.* Specific tinct. of aconite root, gr. xxx; wine of colchicum, ʒij; water, ʒjv. *M. S.* One teaspoonful every two hours. For external use: *R.* Fluid ext. of aconite root, ʒj; chloral hydrate, ʒij; glycerine, water, aa. ʒjss. *M. S.* Apply to the inflamed and painful parts freely two or three times daily.

Finally, aconite is the principal remedy in the many cases of infantile remittents, and irritative fevers, so prevalent among children in this country. It is frequently the only remedy we employ in such cases. In cases of very young children we especially give it in the shape of pellets.

[TO BE CONTINUED.]

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**Art. LXXIV.—Listerism.—PROFS. GUNN and HOWE.**

[In our November issue, we reprinted, from the *Medical Tribune*, Prof. Gunn's paper on Listerism. In that paper he takes strong ground in favor of antiseptic surgery, as taught by Lister, and uses some rather harsh language when referring to those who differ from him. Personally we have not thoroughly tested Listerism in surgery, but we are earnest advocates of anti-

septics in medicine, such as eucalyptus, listerine and chlorine in diphtheria.

Prof. Howe, of Cincinnati, opposes Listerism, and brings forward numerous cases to establish his position. The following reprints from the *E. M. Journal* reflect his views; and as Prof. Gunn's paper was not reprinted for the purpose of exalting Gunn or humiliating Howe, we take the liberty of reproducing Prof. Howe's papers, that our readers may have both sides of the subject.—EDITOR.]

On the afternoon of July 2d, the day Garfield was shot in the back, a negro, twenty years old, was shot while at a picnic, and hit in the posterior aspect of the right leg, six inches above the ankle. The bullet broke the tibia, and the fibula was supposed to have broken as the victim fell. At any rate, I found both bones broken, and a bullet wound leading towards the tibia. The leg was very much swollen on the second day, which was the first I saw of the patient.

As there was some tendency to shorten, I placed adhesive strips upon the ankle—using the india rubber variety—and made a hitch to the foot-post of a narrow lounge, raising the posts on blocks to a height of eight inches from the floor. This produced extension enough. I placed a thin board splint on each lateral side of the leg, and bound them there with six or eight tapes, or cloth strips. A sand bag was placed under the knee to give easy flexion, and others were banked against the sides of the limb to keep it steady. The bullet wound was left exposed, and it discharged a few drops of bloody serum for three or four days. After that time the wound seemed to fill with granulations; and it was fully scarred at the end of three weeks. Not a particle of pus was seen, and no pain was felt. If I had treated that traumatism antiseptically, or according to Lister, I might have been zealous enough to have ascribed the non-suppurative character of the wound to the mysterious influences of the vaunted dressing. And as I see from time to time as rapid and non-suppurative healing without Listerism as any obtained with it, have I not solid ground for affirming that too much fuss is made over antiseptic dressing, so-called? I have no prejudice in this matter, unless it



be the way of leaning towards antiseptic methods. I simply want the nonsense sifted out of the Listerian procedure.

A lad ten years old was wounded in the left hand, on the 4th of July, while firing a toy pistol, the notorious "climax" variety. A week afterwards he came to me with an abscess of the deep palmer structures, with a "pointing" in the ball of the thumb. I had just read of tetanus following similar wounds received in Baltimore, and other Eastern cities; therefore, I was afraid of a tetanic complication in this case. However, I opened the pus cavity and discharged it freely. I thought this to be a good opportunity to try Listerism, and put it in practice. An assistant used the spray and carbolized lint on the wound, wrapped the hand in bandages of antiseptic gauze, and bound a "protective" over all. I emptied the pus cavity every morning, and redressed the hand as at first. In a week I was dissatisfied with the pathological state of things. The back of the hand was badly swollen and purple; the fingers were distended and stood out like stuffed glove digits; and the hollow of the palm appeared half dead. In introducing a change, I incised the integument and tissues of the palm in three or four places, bound a ball of yarn in the hollow of the hand to crowd the structures together, and threw aside Listerism. Under the new method, the disorganized hand healed in a few days, and became useful.

I do not cite the case as one to be reckoned as against Listerism, but as one showing that antiseptic dressings do not always turn out happily.—*Prof. A. J. Howe, in E. M. Jour. for September.*

*Keith and Listerism.*—Dr. W. W. Greene, of Boston, attended the late "International" in London; and wrote an interesting letter to the *Boston Journal* of Aug. 25th. In the communication he said: "Professor Keith spoke deliberately and every utterance was charged with significance. So slow were spoken his words that I can almost repeat every one of them *verbatim*. You can imagine the effect much better than I can describe it, when he said that for several months past he had 'abandoned the antiseptic treatment altogether.' 'True,' he said, 'I had eighty successive recoveries (ovariotomies) under Lister's method, and stopping there it would be a wonderful showing. But out of the

*next twenty-five I lost seven.* One died of acute septicæmia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic acid poisoning; one of renal hemorrhage. Out of the eighty consecutive cases many came *too near* dying—they happened to pull through.

“He then said that since he had for four months past abandoned the antiseptic method and relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

“He now stopped for a few moments, hesitating, and he must have realized the importance of his words, knowing that the whole world—surgical—was ‘lending a listening ear’ to his utterances. The silence was *audible*. Then he raised his head, and looking his audience squarely in the face, he said, ‘Gentlemen, I have felt it my duty to make these statements, for they are true.’”—*Prof. A. J. Howe, in E. M. Journal for Oct., 1881.*

In the October issue of the *Journal*, I quoted Mr. Keith, the eminent ovariologist of Edinburgh, who declared at the “International” in London that he had abandoned Listerism. But I would not have my readers believe that only one voice has been raised against the frivolities of the wound dressing scheme. Mr. Walter Pye, of St. Mary’s Hospital, says (*St. Bartholomew’s Hospital Reports*): “I believe it will be found the experience of all who adopt Prof. Lister’s method that the gauze bandages are often very irritating to the skin, producing well-marked eczematous eruptions. Wounds, both large and deep, will not unfrequently heal without suppuration, and indeed perfectly aseptically, whether special precautions have been taken to procure this asepsis or not. I prefer a simple and cleanly to a complex affair, and my results are as good.”

Mr. Lawson Tait says that we should not be so blind as to ascribe every good result to the “gauze and spray” in the treatment of wounds. “The abandonment of the clamp, and the re-introduction of the ligature, have done more for the success of ovariotomy than pure Listerism.”

In the *British Medical Journal* for Jan. 22d, Mr. George Bantock, surgeon to the Samaritan Hospital, says, "I am not prepared to assent that the antiseptic method enables me to carry out an intra-peritoneal operation with greater safety. I would avoid extremes (referring to the *pros* and *cons* of Listerism), and steer that middle course which is proverbially the safest, settling down to a modified practice and relying upon reasons tempered with common sense. That the carbolic acid in the proportion and in the *manner* prescribed by Lister is a necessity few will now contend. I have faith in the virtue of cleanliness, but I do not believe in the specific antiseptic properties of carbolic acid, especially applied as a chilling spray to impassible patients. The antiseptic practice is founded on a theory which has not been proven, and is probably not true."

The above quotations go far to show that my previous assertions are not "groundless," and that my statements have not been "willful misrepresentation of facts," as declared by a crooked critic who, with unprofessional impudence, exclaims: "I defy Prof. Howe to produce a single item of proof to make his words good."

The inventor of antiseptis in surgery has never seemed to be satisfied with many of his methods. At first the "protective" was placed directly upon the flesh to keep the carbolic acid from irritating sensitive parts; afterwards, it was to be laid over the gauze. The drainage implements needed everlasting reconstruction, and the animal ligatures demanded modification. Early in the history of the novel scheme, the plan in its entirety was to be *the thing* in "abdominal surgery," but after Mr. Thomas Keith hit the system a lick "below the belt," signs of a retrograde movement soon became apparent. The *British Medical Journal*, dated October 1st, contains, on page 550, some remarks of Prof. Lister which confess retrogression. I will quote from the report:

"In reference to the observations made by Dr. Keith at a former debate on the intra-peritoneal treatment of abdominal tumors, he (Lister) wished it to be understood that the department of surgery then in question was not the touchstone of his system, as too often supposed. Wounds of the peritoneum heal with great rapidity, and that membrane re-absorbs its own exuda-

tions with speed and facility; on the other hand, carbolic acid abnormally increases effusion and checks re-absorption. As recent experience had shown, serum (clear or bloody) is a very poor soil for the development of germs from contact with air-dust, and blood-clots are still more sterile; indeed, it is very difficult to make them grow, or develop, at all, unless diluted with water. Solid bits of dirt were the great sources of danger, rather than certain invisible particles that float in the air, *and have perhaps been invested with more deleterious functions than they usually possess.* He was not sure that he might not, before the next meeting of the Congress, *give up the spray.*"

On August 10th, 1881, James B. Wilson, of Friendship, Ripley county, Indiana, was shot by an assailant who stood on the opposite side of a gate not more than five or six feet away. Two pistols were used, one carrying No. 22, and the other No. 32, gauged bullets. Ten missiles, all that were fired, hit the body of Mr. Wilson, and nine entered the flesh. One passed clear through the arm, which shows that it was driven by an efficient charge of powder. One glanced from the forehead after it had perforated a felt hat. Eight of the bullets are now in the body, and believed to be encysted. Only two of the shots did serious or dangerous wounding.

The victim of so much shooting was professionally attended by Dr. T. C. Lord, a skillful practitioner of medicine, located in Dillsboro, six miles from the patient. The doctor dressed the wound with carbolized water; and most of them healed by the fifteenth day, though tenderness along the tracks lasted several days longer. One bullet, which penetrated the chest wall and wounded the lung, produced a bloody sputa and some pneumonia. During this trouble the pulse and temperature were above a hundred. About the tenth day, a tender swelling appeared in the right groin, which gurgled and appeared to be distended with gas and fluids; so that on the thirteenth day I was called to consult with the doctor in regard to the complication. We agreed that the tumor should be opened; and I sent an aspiratory needle into it for exploratory purposes. At once the pent-up gas whistled through the hollow implement, and some liquid escaped. A feculent odor was recognized, indicating that the intestinal

canal had contributed the gas, and perhaps some of the fluid. An incision an inch in length was made along the course of the inguinal canal, and a finger used as an explorer of the purulent and feculent cavity. It could not be determined what part of the intestinal tube was perforated, but an opening large enough to admit the end of the finger existed, and through this an appreciable portion of fecal matter daily escaped for two weeks. However, the cavity of the abscess grew smaller and smaller every day, until it closed, the aperture in the intestine healing, and filling by granulation.

The patient was in a critical condition at the time of the formation of the feculent abscess, and life was pronounced to be in peril. So that the assailant, who was free on bonds, stood in risk of being re-arrested for murder.

I saw the patient the second time just a week from the first visit. Found him convalescing with a prospect of satisfactory recovery. Since that time I have heard that he is declared well, though somewhat weakened by confinement in his room for six weeks or more. Drs. Lord and Sweezy injected the purulent cavity in the abdomen several times a day with carbolized water, till granulations left no wounds to dress.

It was never positively determined which of the bullets damaged the intestine or whether a missile perforated the bowel, or merely "scorched," it, as it were, by passing near. No drainage tube was employed in the management of the case, but carbolated absorbents were kept about the inguinal wound. If the patient strained, as if to facilitate a passage from the bowels, pus and feculent matter would pour from the inguinal outlet.

A pronounced feature of the treatment is that nearly all the bullets became encysted without a sign of suppuration. If such a result had followed the Listerian method, the zealous disciples of antiseptic surgery would naturally presume the dressing had secured the wonderful outcome. As it is, I challenge a Listerite to present an equally good result.

In concluding this report, I will repeat what I have said in substance: If there be good in Listerism, let it be found out and put into active use, but let us not blindly adopt all the nonsense of a troublesome scheme, just because great men in the profes-

sion have taken the craze. Now that Mr. Keith has abandoned Listerism, his great influence will be used to overthrow the Listerites who have been the most audacious set of "Reformers" that ever organized under that name. They grew so bold that they threatened with suits of malpractice all who adhered to old methods, or refused to accept Listerism. I took ground against the tyrannical encroachment at the St. Louis "National," and I propose to be industrious in gathering sound evidence against the follies of the Listerian scheme.—*Prof. A. J. Howe, in E. M. Jour. for Nov., 1881.*

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### **The Eclectic Medical Society of Missouri.**

Heretofore this Society held its annual meetings in January; but it has been agreed, on the part of the officers and members, that about the 1st of June will be a more suitable time, and due notice of the time will be announced officially before the time of the meeting arrives. Let all members and friends of the Society bear this in mind, that no mistakes may be made.

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### **Art. LXXV.—Electricity in Medicine and Surgery.—By GEO. C. PITZER, M. D.**

[CONTINUED FROM NOVEMBER JOURNAL, PAGE 465.]

Having described and illustrated a variety of galvanic batteries and faradic machines, we now present some important attachments used in connection with galvanic batteries for special and important purposes.

*Galvanometers, or Galvanoscopes.*—These are instruments used for ascertaining the presence and direction of a current, and for measuring the strength of the same. They are constructed on this principle: A magnet is freely hung so as to be deflected by the passage of a current through a coil of insulated wire.

Fig. 27 is an illustration of a very fine galvanoscope. It may be readily attached to any battery; and if a current is running, the needle will be deflected in the direction of the current. If the needle turns to the left, we know the negative pole is on that

side; if to the right, then we know the negative pole is to the right.



Fig. 27.

The number of degrees of deflection shown by the needle indicates the strength of the current. In this way, we can know exactly what we are doing; know the direction of the current, its strength, etc.; and this is very important in many cases of galvanotherapy. Other varieties of galvanoscopes are made, and in use, but this is a good one, and easily managed by anybody who can operate a battery. To use it, we simply attach the conducting cords of the battery to the posts of the galvanoscope and the electric current is closed.

*Rheotomes.*—A rheotome is a contrivance for interrupting the electric current. Without something of this kind we could not have an induced current, for this is only present in the secondary coil, at the opening and closing of the primary current. By

means of the rheotome, the primary current is broken and closed rapidly, so that the induced current seems almost like a continuous one. We also use the rheotome on galvanic batteries. By interrupting the galvanic current, we can frequently excite muscular contraction more perfectly and powerfully than can be done by applying the faradic current. But the interrupted galvanic current is not like the induced faradic current—a to-and-fro current—but a succession of straightforward currents.

Fig. 28 is an illustration of Powell's rheotome. These in-

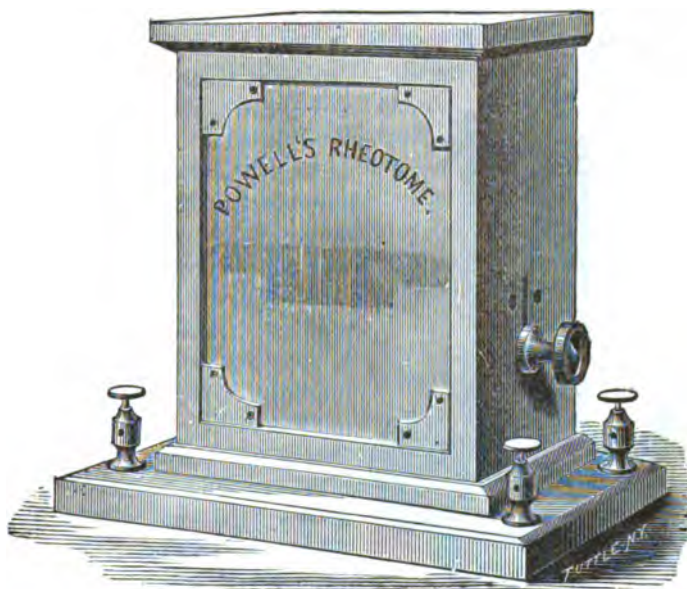


Fig. 28.

struments—any of them in the market—may be attached to any battery; and some galvanic batteries are provided with them as permanent attachments. See the illustration of Bartlett's galvanic battery, and it will be observed that the rheotome is permanently fixed on it. Their use is very simple. In all faradic machines, they are essentially a part of the instrument, and run whenever the battery is put in motion. In galvanic batteries, they have to be properly connected, placed in the circuit of the current every time we use the battery. This is readily done;



and all batteries are accompanied with specific instructions regarding the manner of operating them and applying the attachments.

*Rheostats.*—Rheostats are used for the purpose of modifying the current of electricity. They are placed in the circuit of the current, in the course of the conducting wire leading from the carbon of the battery to the patient, in the positive pole, while the negative pole of the battery is continuous, nothing intervening between the battery and the patient but the negative pole of the battery.

Fig. 29 is a form of rheostat called a hydro-rheostat.

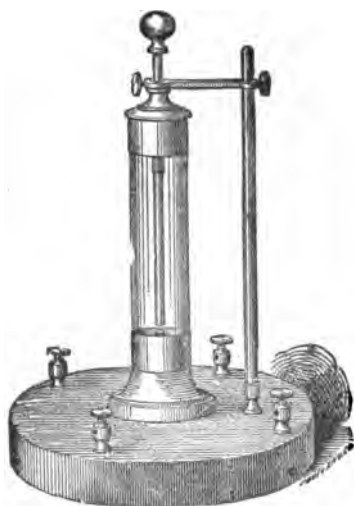


Fig. 29.

This is a very reliable rheostat, and is easily managed. The glass tube seen in this illustration is filled with water, and the construction is such that the current may be made to pass through the water in this tube from bottom to top, or but a limited portion of it may be traversed by the current. In this way we may greatly soften the current and produce exceedingly delicate shades or grades of sensation. Other forms of rheostats are used; but this is as good as any, and is so easily managed.

The general practitioner may not see the necessity of such instruments as these; but when we

have nervous diseases of all varieties to handle, and sensitive organs like the eye, ear and brain to treat, it sometimes becomes positively necessary to resort to rheostats before we can employ electricity at all. While rheotomes are used to increase the exciting power of the current, which is sometimes necessary, rheostats are used to soften the current, or produce delicate grades of sensation. This will be referred to again, when we reach therapeutics.

[TO BE CONTINUED.]

## ABSTRACTS.

**Hoang-Nan.**

During the past few years a great deal of public mention has been made in the journals of a plant called "Hoang-Nan," used by the natives of Tonquin as a remedy for leprosy, and said to be of value in the treatment of hydrophobia. Lesserteur, director of the School of Foreign Missions in Paris, has collected and published in a pamphlet of some ninety pages, such particulars in regard to the plant as are of interest to the world of medicine.

*Botany:* Hoang-Nan, "Tropical Bindweed," met with on the mountains between Anam and Tonquin. Family, Loganiaceæ. Named by Pierre, *Strychnos Gauthieriana*, from a missionary M. Gauthier. Habitat, mountains abounding in limestone; grows with slender stem without support from the ground, to branches of lofty trees around which it twines itself. Resembles the vine of the Clematis. Stem, grey or reddish, according to age. Leaves, dark green, covering the high branches of the trees to which it is attached. Grows only in spots; is not very abundant. The bark has been examined by Planchon ("Journal de Pharmacie et de Chimie," May '77). He finds it to be closely related to "False Angostura" bark. Wurtz, on subjecting the bark to chemical analysis, finds it to contain the two alkaloids, Strychnia and Brucia, the latter predominating.

*Physiological Action.* — Livon, Professor of Anatomy and Physiology in the Ecole de Medecine, at Marseilles, has made twenty-five experiments with the tincture of the bark upon frogs and dogs. The following are his conclusions: "Hoang-Nan would seem to belong to the *Strychnos* family, although differing slightly in its effects from *Strychnia* or *Brucia*. The action of strychnia shows itself in a general manner all over the body. In the case of Hoang-Nan the tetanic convulsions begin always in the hind legs of the animal, and gradually spreading over the entire body, become general. In the case of *Brucia* the contractions are more vigorous after death than at the time of death itself; the animals poisoned by Hoang-Nan show movements after death, but only for a short time." In the case of *Brucia*,

poisoning some of the frogs manifested violent contractions 1 3-4 hours after death.

*Method of Administration in Leprosy and Other Diseases.* — The remedy is prepared according to the following formula: R Alum, 1-5; Realgar, 2-5; Bark of Hoang-Nan, 2-5. Reduce the whole to powder and make into pills weighing each 25 centigrammes.

At Trinidad Hoang-Nan has been given to twenty-four lepers, and has caused an improvement in the symptoms of all but one. We give an account of one of the cases in detail, from a table sent to Lesserteur by R. P. Etienne, of Trinidad:

L. II., little Creole boy, black, born 1866, leprosy from early infancy. Treatment began March 16, 1877. Symptoms at the beginning of treatment, spots (taches) upon the abdomen, arms, legs, squamous condition of the arms and legs, puffiness of the face, hands and feet, nose obstructed; hemorrhages; tubercles on the forehead, eyebrows, cheeks, nose, lips, ears; on the alæ of the nose on each side are large round tubercles; eyelashes partially gone, eyebrows wholly so; hyperæsthesia of the head; anæsthesia of the rest of the body to a greater or less extent; fever continually present; appearance frightful.

Results of treatment at the close of November, 1878; stains (taches) on the abdomen and arms wholly gone; almost all gone from the legs; the squamous condition remains, to a slight degree, on the bottom of the right foot only; the puffiness of the face, etc., gone; obstruction of the nose, etc., gone; tubercles on the forehead, etc., gone (one remains, greatly reduced in size, on each alæ of the nose and on each ear); eyelashes wholly grown out again; eyebrows partly grown out again; hyperæsthesia gone; fever gone; anæsthesia gone; appearance no longer hideous.

*General Observations of Etienne upon the Remedy.* — 1. The remedy works almost simultaneously upon all manifestations of the disease without exception. Upon the muscular paralysis it seems to produce the least effect.

2. The curative action of the fever is specific in all the cases.

3. The fact that the disease is hereditary, does not seem to militate against the action of the remedy.

4. The same holds true to a certain extent in regard to the length of time the patient has suffered from the disease, unless too great ravages have been made — two of the cases treated had been ill for 17 and 20 years respectively.

5. Treatment with Hoang-Nan extending over a period of two years did not tire the stomach, nor injure the general health.

6. The action of the remedy is most striking in the beginning of the treatment.

7. After treatment for a long time with Hoang-Nan and Arsenic Sulphide combined, the patients re-acted surprisingly to the influence of Hoang-Nan given alone; the Hoang-Nan given alone acts as a laxative.

8. To appreciate the value of the treatment it must be remembered that in the cases where it has been used, there has been a general absence of good nursing and of hygienic regulations.

At Guadeloupe three cases of leprosy have been reported, one showing marked improvement after three weeks' treatment with Hoang-Nan in a period of six weeks, resting from the remedy alternate weeks. The other two also showed marked amelioration.

At Christiansted, in the Danish Antilles, M. Guilbot, cure, reports one case of "humid" leprosy treated with marked results, the ulcers especially yielding to the action of Hoang-Nan, and cicatrizing.

Two cases are reported treated in Venezuela, also with flattering results, at the town of Camana.

At Pondicherry, in India, Desaint and Jobard have treated fifteen cases of leprosy with Hoang-Nan. Their conclusions are as follows:

1. Hoang-Nan is an active remedy destined probably to be of great service not only in leprosy, but also in the treatment of all indolent ulcers, etc.

2. Its effect manifests itself especially upon the substance of the spinal cord, which it excites strongly.

3. In all lepers it produces at once a general and extraordinary improvement; the patient becomes more active, more joyous, and more vigorous.

4. In about two months anæsthesia disappears, and sensibility is restored more or less, according to the nature of the case.

5. The ulcers change in nature, and tend to cicatrize.

It is therefore an energetic and valuable remedy, which should be studied with great care.

Feron, of Pondicherry, finds Hoang-Nan valuable in subduing the fever of leprosy, but combats the statement elsewhere made that it is efficacious in the treatment of all fevers. He thinks it contra-indicated in bilious and intermittent fevers, and also in the fevers of children.

Feron treated two bad cases of scrofula with Hoang-Nan in a man and in a woman. The symptoms in the woman were wholly relieved, and those of the man greatly ameliorated. In each case the ulcers were noticeably improved in condition; those of the woman healing completely, those of the man almost entirely, and such as had healed completely in three months did not re-open.

Foit, missionary at Tonquin, reports a case of bad abscess in the leg of a woman, which the physicians had declared impossible to be healed, treated successfully with Hoang-Nan in three months' time.

*The Treatment of Serpent Bites, etc., by Hoang-Nan.*—Among the numerous happy results brought about by Hoang-Nan, the cure of serpent bites is worthy of notice. In the *Missions Catholiques*, 1875, appeared the following:

“Hoang-Nan cures the bites of all venomous serpents just as it cures the bites of mad dogs; it is necessary to give a dose proportionate to the severity of the bite. A theological student at Tonquin, versed in the remedies of that country, gave in half an hour three pills to a man bitten by a black viper; he was sufficiently fortunate to neutralize the effects of the poison with this amount.”

Mgr. Gauthier gives an account of his own experience:

“Last July my great toe began to mortify from the effects of a bite from a venomous reptile. The sore gave me trouble for many months, without relief from any remedy. Finally, trying Hoang-Nan I took about three grammes (45 grains) in twelve hours, and noticed a very perceptible improvement. I then took

the remedy once a day for four days. The cure was so complete that after taking it on the fifth day I began to feel the toxical effects of the remedy; these, however, disappeared in the course of some hours."

Feron writes to us (Lesserteur) May 17, 1879:

\* \* \* "The Cobra Capello is, as you know, one of the pests of India, killing annually more victims than the cholera; a person severely bitten by this serpent usually dies in half an hour or more. On the 7th of April a boy of 17 years came to me, just bitten by a cobra; ten minutes had hardly elapsed, and already his eyes were covered by a film; he could not see a lighted lamp held before him. He was able to speak, however, and could indicate the progress of the poison; he had been bitten above the heel upon the tendon Achillis, and the swelling had already passed the upper part of the thigh; a few minutes more and he would be dead! I gave him, one after another, three pills of Hoang-Nan. The effect was instantaneous; in less than a minute he recovered his sight, and felt the pain descend below his knee; a fourth pill drove it to the ankle, and a fifth to the bottom of his foot. \* \* \* The wound healed, and the pain disappeared." \* \* \*

In the case of a man also bitten by a cobra, Feron used Hoang-Nan with like success; also in the case of another man bitten by a viper on the shoulder, Hoang-Nan given internally, and applied in powder externally, worked a cure.

Feron has also used Hoang-Nan in the treatment of paralysis.

In one case of hemiplegia of six years' standing, the remedy given for about a month enabled the patient to walk with ease, and use the arm and hand—the fingers remaining more rebellious, but finally opening and becoming fit for use—the thumb alone retaining its rigidity. In another case similar results were obtained, and July 14, 1879, Feron writes that both cases are improving steadily.

*The use of Hoang-Nan in Diseases of Different Kinds.*—R. P. Levy, a missionary in Mesopotamia, used Hoang-Nan at Mos-soul, where thousands of people have no medical aid save that given them by the mission. Levy writes January 16, 1879:

"I prepared the remedy homœopathically, making 2,000 pills

of 20 centigrammes each. I have given it both in large and in small doses in the following diseases:

1. Infectious ulcers, especially venereal.—From 2 to 4 pills a day, according to age of patient and severity of disease; cure prompt. In homœopathic doses cure more slowly, but without liver troubles or vertigo, which are brought on when the remedy is given in large doses.

2. Constitutional syphilis.—Slow recovery from either method of treatment. The complexion peculiar to the disease disappears, and a rosy hue takes its place in time.

3. Skin diseases of all kinds.—Prompt cure both from homœopathic and allopathic treatment. Prurigo is the most easily cured.

4. Epilepsy.—Three cases treated. The first a child of four years cured without relapse. The second, a boy of six, who had two or three attacks a day since infancy; after forty pills had been given him in one day, and seven attacks brought on, he went twelve days without a fall; he now has attacks very seldom, and those usually from lack of supply of the remedy. Third case, quotidian epilepsy; treatment began March 20, 1878; in one day he took 36 pills of 5 centigrammes each. \* \* \* Has had no attack since.

5. Convulsions of children.—Cure prompt with Hoang-Nan."

*Conclusion.*—Lesserteur sums up the question of Hoang-Nan for hydrophobia, as follows:

\* \* \* Hoang-Nan is efficacious in leprosy, ulcerations, serpent bites, syphilitic troubles, etc., etc., why not, therefore, in hydrophobia? \* \* \*

\* \* \* Gauthier brought the remedy into notice as one for hydrophobia exclusively. \* \* \*

\* \* \* M. Perrier, missionary at Tonquin for 20 years, declares that he has cured a young girl of 13 of hydrophobia, with Hoang-Nan. She afterwards grew up, was married, and is now the mother of children. \* \* \*

\* \* \* If this action, then, of Hoang-Nan in hydrophobia can be officially proven, it will become a famous remedy. \* \* \*

The medical world will certainly give thanks to Lesserteur for collecting all that is known in regard to this new and powerful remedy, Hoang-Nan. The action of this drug, in the treatment of leprosy, is certified to by well known physicians in the French colonies. In our climate it will probably become famous in the treatment of ulcers, syphilitic, indolent, etc. Its action in hydrophobia is at present chiefly putative.—Clifford Mitchell, M. D., in "American Observer."

## EDITORIAL.

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THE AMERICAN MEDICAL JOURNAL.—This journal is published in the interest of the busy practitioner, and no pains are spared in collecting clinical facts from all reliable sources, and presenting them to our readers in practical shape. In our investigations and selections, no respect is paid to the school or branch of the profession through which facts are obtained, just so they come through reliable sources. Occupying this broad platform, our resources are unlimited, and the amount of information communicated through one volume of this journal, is almost beyond computation. All the new remedies discovered, and proved by the different schools of medicine, are presented to our readers, either through our original communications, abstracts, editorials, or advertisements. For the editorial matter we are *wholly responsible*; and we must have good reason to believe that something useful appears in every article published, no matter from whence it comes.

This journal now reaches over *five thousand physicians annually*, and its popularity is rapidly increasing. As a source of information, and as a medium for advertising, it is not excelled in the West. We are devoting a great deal of time to this work, and are determined that the profession, and the faithful men who devote so much time in furnishing the profession with reliable drugs, fine instruments, etc., shall have a journal representing their interests of which they may be proud. \$4.00 a year in advance.

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### The Journal for 1882.

Now is the time to renew for 1882. The JOURNAL will not be continued unless the subscription is renewed.

Present subscribers are already interested in our papers on electricity, and we shall continue them through 1882; and with this issue we commence a series of papers on Direct Medication, which we propose to continue through the coming year. We shall take up the leading articles of the materia medica, and give their physiological effects, and, as far as possible, point out their direct action, as observed and understood by the eclectic school of medicine. We hope to be able to interest our readers with these papers, and shall spare no pains to make them instructive and practical. At all events, the reader shall have the benefit of our experience and observation, covering a period of twenty-five years' active practice. Now is the time to subscribe for 1882, that you may commence with the beginning of these papers on Direct Medication. December issue, 1881, free to all who subscribe for 1882.



**The American Medical College.**

The winter session is now half gone and the spring approaches. The class now in attendance is doing good work. Dissecting material has been plenty, and all have had opportunities for the study of practical anatomy in the dissecting-room.

The spring session will commence January 22d. Students who desire to commence earlier than this may come any time, and by paying tuition for the spring session they may attend the remainder of the winter session without extra charge. Our spring class promises to be larger than the present one. Come along; we will exert ourselves to entertain and instruct you.

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**Quinquinia.**

This is one of the reliable anti-periodics, and it is comparatively cheap. Try it.

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**BOOK NOTICES.**

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A PRACTICAL TREATISE ON HERNIA. By Joseph Warren, M. D. Published by James R. Osgood & Co.: Boston. 428 pages. On fine-tinted paper, and finely bound in cloth.

This is a work of great merit. It teaches the surgeon how to manage hernia in a successful manner, and this should be enough to recommend the book, for the quacks are eternally preying on the people who suffer from this deformity, just because regular surgeons fail to give satisfaction.

The *Medical Journal* of Edinburgh, Scotland, says this about Dr. Warren's work, "In this book, Dr. Warren has favored the profession with an account of his method of treating hernia by injecting a stimulating fluid into the tissues which immediately surround the apertures, and so promoting closure by the effusion of plastic lymph.

"The operation consists of several stages—first, the complete return of the hernia; next, the insertion of a fine hypodermic

needle (which is blunt-pointed to prevent injury of important structures), from which a few drops of an irritating fluid is injected into the cellular tissue, at the internal and external ring, and also along the canal (in oblique inguinal hernia). As a result of this operation inflammation is set up (as in the case of an infected hydrocele), which lasts some days, during which time the patient is kept in bed, and cold applied over the inflamed and swollen part."

The patient is kept in bed till all inflammation subsides. We strongly recommend our surgeons to try this method. The book is a good one, gotten up in a masterly manner.

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**LANDMARKS, MEDICAL AND SURGICAL.** By Luther Holden, assisted by James Shuter, M. A. Camb., F. R. C. S., etc. Published by Henry C. Lea's Son & Co.: Phila. 128 pages. Cloth. 88 cents.

The object of this little book, says the author, "has been to collect into a compact form the leading landmarks which help practical surgeons in their daily work." "By 'Landmarks' we mean surface-marks, such as lines, eminences, depressions, which are guides to, or indications of deeper-seated parts."

By a careful study of this book, and a little application, we learn the exact relative position of all the internal organs; can put our fingers over the course of all important vessels. The work is a complete map of the human body, and if well studied cannot help but be appreciated.

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#### **THE MEDICAL RECORD VISITING LIST.**

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**MISCELLANEOUS PARAGRAPHS.****A Baby.**—J. B. M.

Dr. Taylor, of Streator, Ill., delivered of an eleven-pound baby, Mrs. D., age fifty-four years and three months. The father is sixty-four years old.

**Eucalyptus Globules in Typhoid Fever.**

D. Benjamin Bell (*Edinburgh Medical Journal*) is of the opinion that he has secured good results in the treatment of typhoid fever from the administration of drachm doses of the tincture of eucalyptus, well diluted with water, every three or four hours. While there are many *a priori* reasons why eucalyptus should be of value in typhoid fever and diphtheria, the evidence presented by Dr. Bell cannot be said to be the most conclusive. — *Chicago Med. Review.*

**Iodia and Bromidia.**

MESSRS. BATTLE & Co., Chemists, St. Louis: I have used your preparations of IODIA and BROMIDIA *with great satisfaction and success* during the present year. I write to express *my appreciation* of them, and to say that for uterine *neurasthenia* IODIA is *the* remedy, and as a hypnotic BROMIA *never disappointed me.*

S. S. HENLY M. D.

Walkerton, King and Queen's Co., Va.

—*Medical Brief.*

**Listerine.**

Upon the occasion of a recent report of a case of death from the external use of carbolic acid, at the Clinical Society of London, the President, Mr. Lister, said that he realized the danger of employing this agent, and in consequence had discontinued its use entirely, and had substituted eucalyptus. In view of these statements, we may well turn our attention to a new antiseptic, which comes to us very highly recommended from the West—**LISTERINE.** Whilst it is said to possess all the antiseptic quali-

ties of the carbolic acid, it is also said to be unirritating, entirely free from risk, and devoid of unpleasant odor. Nothing is more needed at this day than such an article; and if Listerine is found to be what we have the very highest testimony for believing that it is, a great discovery has been made. Meanwhile we should give it an impartial trial.—*Maryland Med. Jour.*

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### Listerism and the Duello.

From the *Medical* we learn that at a late French duel, at the critical moment, when the swords of the combatants were crossed, the voice of the surgeon was heard calling a halt in order that he might baptize the hostile blades in the germicide bath as a precaution against possible septicæmia.

No blood seems to have been spilt, however, and the precautions were vain.

One step more and the mission of science in this direction is complete. Let the missives of each sanguineous belligerent be bathed in antiseptic balm, and the destructive result of personal and aggregate combat will be uncomplicated by the villainous septic germ. Here is a field for "Lambert's Listerine." *Scientia magnum est.*—*Alienist and Neurologist, St. Louis.*

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### Responsibility.

A blessing at any time, but specially now, when the medical profession are often made to bear the blame for the use of vile nostrums advertised over their recommendations. Dr. T. A. Ashby, editor of the *Maryland Medical Journal*, Baltimore, Md., writing, says that he has thorough confidence in the Powell Manufacturing Company of that city, manufacturers of the Powell's Beef, Cod Liver Oil and Pepsin (a superior tonic, nutritive and digestive), when they say they will give their preparations exclusively to the profession, and will not advertise it as a patent medicine. To quote Dr. Ashby's exact words: "I am well acquainted with Mr. Powell, and know him to be a conscientious and upright gentleman, and perfectly square in his dealings and truthful in all his statements. He will make no representation which is not backed by facts."—*Journal.*

**Chloroform in the Cold Stage of Pernicious, or Congestive Malarial Fever.**—BY WM. W. MURRAY, M. D., Baltimore, Md.

March 20th, was called to see Lilly H., aged six years; found her suffering with well-marked chill, the usual amount of congestion present. Warmth to surface was the only direction given, there being no necessity for active interference.

Was sent for very hurriedly in half an hour and informed that the child was dying. When I reached the bedside, within a few moments from the summons, found that overwhelming congestion had suddenly developed; the lips were livid; entire skin surface mottled, icy cold, and bathed in clammy perspiration; heart's action slow and labored, pulse scarcely perceptible; respiration being very imperfectly performed; lower jaw drooping and eyeballs turned up; pupils irresponsive. Her condition could not be more alarming. I perceived at once that the congestion must be relieved, and that very soon, or the child would die.

I immediately dropped about ʒss. Squibb's chloroform on a little pulverized gum acacia, and made the child swallow it. No sooner had it reached the stomach, it seemed, than reaction set in, the superficial capillaries dilated, the skin began to get warm, the lividity of skin and lips disappeared, the heart and lungs became disengaged, the pulse and respiration improved, the eyes resumed their natural beauty; in short, the congestion was relieved, and life restored where, but a moment before, death was imminent. The rapidity with which all dangerous symptoms were dispelled can be realized only by those who have witnessed such a case. Under liberal doses of quinia the child was soon restored to health.

Chloroform, given either by inhalation or by the stomach, will *always* relieve these cases, as is well known in our Southern country, where the congestive chill so frequently manifests itself, and not only so, but, as the greater includes the less, it will *always* relieve the congestion of an ordinary child; the reaction (fever) being less or greater according as the congestion is dispelled at first, or after it has become well marked.—*Med. Summary.*

**Puerperal Eclampsia Treated with Chloral Hydrate and Morphia.**—Being a report of six cases with remarks.—By E. P. EASLY, M. D.

*Mr. President and Gentlemen:* In December last I had the pleasure of reading a short paper before your Society, on the treatment of tetanus and puerperal convulsions. I wish now to reiterate and emphasize some of the statements then made, as well as give you my further experience, and the further experience of some of the New Albany physicians, with chloral, in the treatment of puerperal eclampsia.

Those of you who heard my former paper will remember that I said then that the danger in this disease was in proportion to the violence and continuance of the spasms, and that if we could control these most of our cases would end in recovery; and further, that I relied on chloral to effect this. Now, that is my opinion still, and my faith in the efficacy of this agent is greater than ever. It increases with my own experience, and with my observation of its results in the hands of other practitioners.

Since I last met with you, there have occurred in our city no less than six cases of this frightful malady—two of them resulting fatally. Believing that a brief report of each case would be interesting and instructive, I am led to give you the principal features of each, and the treatment pursued.

CASE I.—Mrs. D., aged about thirty-five, plethoric, mother of seven children; during her confinement last January, was seized with convulsions. She was attended by several of our leading physicians. They gave her chloral per rectum, and morphia subcutaneously, but not in large doses. She recovered. But I learn that there is a diversity of opinion among her attendants as to the relative benefits in her case of the chloral and morphia.

CASE II.—Mrs H., aged about thirty-six, plethoric, mother of one child sixteen years old; on the first of the present month, when near the end of her seventh month of gestation, was attacked with convulsions. Her physician, Dr. Bowman, gave her forty-grain doses of chloral in the rectum at short intervals, and also two doses of morphia, one-half grain each, four hours apart. In ten or twelve hours she was perfectly conscious and free from any tendency to spasms. She took thereafter bromide

and bitartrate of potassium daily for two weeks, when she gave birth (normally) to a dead fetus.

CASE III.—Mrs. G., primipara, aged nineteen, was seized with an eclamptic fit on the 12th of May, 1881. Dr. L. C. Neat, who was called to see her, immediately administered sixty grains of chloral by the rectum, and one-third of a grain of morphia by subcutaneous injection, and repeated the chloral injection in an hour. These measures controlled the spasms for twenty-four hours, when they returned again, and the chloral was once more resorted to. Thirty-six hours subsequently she had a natural labor without any accident to herself or child.

CASE IV.—On April 10, 1881, M. A. (colored), primipara, aged eighteen, had a normal labor. Two hours afterwards convulsions supervened. She was then given one-fourth of a grain of morphia hypodermically. Six hours later the spasms returned, and the morphia was repeated. This case terminated in death eight hours after the first convulsion.—*Louisville Medical News.*

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### **Treatment of Obstinate Malarial Attacks.**

The case before us is a simple ordinary one of intermittent fever. He has a chill every other day. The fever is, therefore, of tertian type; and, after the chill, the hot stage lasts two or three hours, and is terminated by sweating. This has been kept up for some time, and will prove what I say, that an attack of intermittent fever in a malarious district is not to be despised. After checking the disease with quinine, the paroxysm will recur, and the treatment will thus often be brought into discredit, unless some few points are borne in mind as regards the method of administration. Give the quinine at least three hours before the expected paroxysm. Shall we give small doses frequently repeated, or large doses less often? The latter is the true mode. You will then give fifteen grains three hours before the expected paroxysm. I prefer this to the former method for this reason, which I regard as indisputable: Quinine, though not eliminated from the system with great rapidity, yet is eliminated, and chiefly by the urine. If we were to give it in small doses early in the

morning, by afternoon it would be eliminated; and would require to be repeated, and in larger amount, in order to check the paroxysm. Therefore, it is more economical, as well as more effective, to give a single large dose, which is also more agreeable to the patient, for I affirm that fifteen grains given at once will give much less distress than one grain every hour until the same amount be taken. Large doses obtund the sensibility of the cerebral centers, while smaller ones cause excitement of the brain and tinnitus.

By giving a single large dose of a gramme of quinine, at least four or five hours before the time for the appearance of the expected chill, we break up the paroxysms. What shall we do to prevent their return? We ordinarily hear that the chills are apt to return at septenary periods; but if you will look into the matter you will find that they recur in multiples of the original number. Thus, tertian would return in six days, or if not, then on the ninth, twelfth, fifteenth, eighteenth, or the twenty-first day; and in quotidian they are apt to be manifested in multiples of two. On these critical days, the remedy should be repeated. If we break up the chill to-day, on the day after to-morrow, although he may not have a decided chill, he will have some significant symptoms, that are evidences of systematic disturbances; he will excrete more urine, he may have a diarrhœa, general muscular soreness, or something else indicating the influence of the malarial poison. We must, therefore, give our quinine again, and repeat it on subsequent days, multiples of the original attack, administered in anticipation of the former hour of the attack. On the morning of the sixth and seventh, the thirteenth and fourteenth, the nineteenth and twentieth and twenty-first days, doses of ten grains should be given on each of these days.

What else? Do you abandon your patient in the interim? Ten grains of quinine will not be sufficient to relieve a damaged liver, or to reduce an enlarged spleen; in other words, the condition of chronic malarial poisoning. Treatment must be directed to this object as well as to the breaking up of the chills, or they will inevitably return. Lugol's solution, in five-drop doses, given in water before meals, always prove most efficient aids. It



is best, about the twenty-first day, to give a full antiperiodic dose of quinine for three days, for by this time there is a much greater accumulation of morbid material in the blood than at the other periods named.

Please bear in mind these rules which I have just given you, for you will find that they will stand you in good stead in all these cases of obstinate malarial attacks.—*Clinical Lecture of Prof. Roberts Bartholomew, M. D., in College and Clinical Record.*

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### **Leprosy and Hoang-Nan.**

These excerpts are suggestive: I have been permitted to read and to make extracts from a letter addressed to Messrs. Parke, Davis & Co., Detroit, by frere Etienne Brosse, of Cocorite, author of "*La lepre est contagieuse.*" These extracts I offer as a supplement to the paper recently read by me at the Academy of Medicine (Medical Record, February 19, 1881). The letter is dated January 27, 1881. Speaking of the use of hoang-nan in leprosy, the writer says, "I continue to use it constantly, and the results are the same. As yet there have been no complete cures, but almost always remarkable amelioration, and I have patients in whom all symptoms have disappeared so completely that their own families did not suspect the existence of the disease. \* \* \* \* The fact of the contagious character of leprosy should result in legislation providing for the isolation of these patients.

"America is interested in this, for, without speaking of the Norwegians, who have carried the disease into their settlements, the Chinese have introduced it into California, and there is not the shadow of a doubt but that it will pass from them to the other inhabitants of the country. Thus far it has been confined to the Chinese, but it certainly will not be restricted to them.

"Besides its use in leprosy, hoang-nan has been employed in other affections, as hydrophobia, syphilis, scrofula, ulcers, and fevers. In hydrophobia I have no experience with it; one of my leprous patients contracted syphilis, and the effect of the remedy was surprising. It is highly recommended in scrofula. In this affection I have not tried it. I have given the remedy to two

•

children attacked with 'yaws,' and they were promptly cured. The ulcers of leprosy, when not too far advanced, cicatrize promptly, and it is probable that other ulcers would be benefited. All of my lepers, without exception, have been cured of the fevers.\* I have also used it with the same success in intermittent fever. I personally suffered for eight years from attacks of fever, which increased in frequency and intensity until four years ago, when I commenced using hoang-nan. Since then the fever has frequently exhibited its precursory symptoms, which have yielded immediately to the drug. It is far more valuable in fever than quinine.

"Another useful application is as a stimulant in prolonged intellectual work. Dr. Eklund, of Sweden, has written me: 'A thousand persons bless your remedy. As for myself, I work twelve and fifteen hours continuously without fatigue.' Hoang-nan may be taken for a long time without inconvenience, and, in fact, with benefit to the general health. While making these statements, it must be remembered that I am not a physician but a missionary,† and am unable to speak with proper scientific detail, but simply relate my personal experiences and observations.

"It was first announced that hoang-nan should be employed in combination with realgar and alum. For a long time I so used it, but am now satisfied that it is better to give it pure in three-grain pills: one pill every morning before breakfast, increased sometimes by a second or third pill at intervals during the day. It may thus be continued indefinitely. In an appropriate dose it is laxative; in too strong doses the contrary effect is produced. The patient should not use spirits or stimulating food.

"Chemical analysis has revealed the presence of brucia and strychnia in hoang-nan, the first existing in larger quantity than the second."

The foregoing extracts are not literal translations, but a somewhat condensed statement from frere Etienne's letter. It is hardly to be expected that the drug will prove as valuable as the writer of the letter appears to believe, but it is certainly one that should be made the subject of careful study and experiment.

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\*The writer neglects to note the special kind of fever.

†Attached to a leprosy.

Hoang-nan is the powdered bark of the *Strychnos Gauthieriana*, Pierre, and adds another member to the small group of analogous drugs now in use. Resembling *nux vomica* and *ignatia* in its active constituents, it differs from them as they do from each other in the proportional quantities in which they are found. According to Fluckiger and Hanbury, *nux vomica* contains 0.25 to 0.5 per cent. of strychnia, and 0.12 (Merck), 0.5 (Wittstein), 1.01 per cent. (Mayer) of brucia, while *ignatia* contains 1.5 per cent. of strychnia and 0.5 per cent. of brucia, while *hoang-nan*, it is stated, contains more brucia than strychnia.—HENRY G. PIFFARD, M. D., in *Med. Record*.

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#### **A Pleasant Affair—Celebration of Dr. Potter's Seventieth Birthday Anniversary.**

The Old Citizens' Anniversary Society, of Hamilton, Ohio, met at Dr. and Mrs. Potter's, to the number of about eighty, Thursday night, November 10, for the purpose of appropriately celebrating the doctor's seventieth birthday anniversary. The warm, cozy parlors were cheerily illuminated, and eight o'clock found about fourscore of faces beaming with good humor and happiness.

President Ezra Potter called the meeting to order, and in a few well-timed remarks congratulated the good doctor on his robust, hale and hearty old age.

Mr. Potter was followed by Brother McAdams, who fairly excelled himself in his sparkling humor and fine pathos.

Alpheus Stewart then related some very interesting reminiscences of the early days of Dr. Potter in New York, illustrating the doctor's large humanity by relating how, in the days of "50," when the chief magistrate of the general government bowed in groveling servility to an aristocratical slave oligarchy, and compelled the courts of justice to enforce that monstrous infamy, the fugitive slave law, Dr. Potter shielded and protected a negro named Jerry (the hero of the famous "Jerry Rescue"), after a New York court had commanded his return to bondage, and finally found him a safe harbor in Canada, then the land of freedom to the refugee.

Dr. Markt followed Mr. Stewart, paid the old doctor some finely rounded and well deserved compliments, as well as addressing a word of cheer to the whole company of old gentlemen; related some very funny things about the early practice of medicine, twenty-five years ago, when he and Dr. Potter were co-partners seven years.

Dr. Potter, in response, gave a brief sketch of his life. He was born in Cortland County, New York. His early life, to the age of seventeen years, was spent on a farm. He was the seventh of a family of eleven children; had only the advantages of the common schools of that period; was then given by his parents his time to improve his education and get a profession, all a young aspiring youth was then supposed to require. He labored through the summers and taught common school winters, improving his education, until the spring of 1833, when he was employed as principal of a high school in Canandaigua, N. Y. At this time he also began the study of medicine with Dr. E. B. Carr, of that place, reciting to him every morning, Sundays excepted; continuing thus employed until July, 1835, when he went to Olean, N. Y., to continue his studies with his brother-in-law, Dr. E. Finn, who had a large practice and drug store, industriously aiding the doctor in both until September, 1837, when Dr. Potter and two other medical students came to Ohio and attended medical lectures six months, and graduated March, 1838. He immediately settled at Winchester, in the Scioto Valley, doing a large practice until December, 1844, when the sickness and disability of his parents necessitated his return to Cortland, N. Y., to care for them and two other families of relatives depending upon them for support. He soon had an extensive practice there among his early school companions and friends; continuing until June, 1849. His father having died, and other relatives provided for, he settled in the city of Syracuse, N. Y., and organized the Syracuse Medical College, which has since culminated into the Medical Department of the University of Syracuse. He also edited and published the *Syracuse Medical and Surgical Journal* in July of the same year, and continued as a dean of that institution thirteen terms, or two each year, and to edit and publish the journal until 1855, when his wife became afflicted with incipient con-

sumption and urged to return to the Miami Valley, Ohio, her native place, hoping thereby to regain her health. They arrived here about Christmas, 1855, since which time he has been well known.

He said he was not grasping in making a bargain, but four times in his life he had got decidedly the best of it; he had been four times married, was the father of fifteen children, not all living. His life had been an eventful and busy one, fraught with material and trying changes. He had been a close student of anatomy and physiology, had studied much about the structure and functions of life, and yet could only say—

“ Life! I know not what thou art,  
But know that thou and I must part;  
And when, or how, or where we met  
I own to me is a secret yet.  
Life! we've been long together,  
Through pleasant and through cloudy weather;  
'Tis hard to part when friends are dear,  
Perhaps 'twill cost a sigh—a tear;  
Then steal away, give little warning,  
Choose thine own time;  
Say not Good Night, but in some brighter clime  
Bid me Good Morning!”

The doctor was heartily cheered as he sat down.

One of his granddaughters, Miss Lizzie Potter, read a very neat poem, written by Mrs. Potter, and which welcomed the guests to the hospitality of their hosts. Mrs. Potter then passed around among those present and presented each one with a comical picture of childhood days, accompanying each picture with a quaint remark. Supper was then served—not refreshments, but supper—oysters, ham, bread and butter, coffee, cheese, cakes, candy, fruits, making a royal feast. After supper a poem was read by Thomas Moore, Jr., from the pen of Mrs. Potter, which was an admirable picture of old-time politics and founded on fact.

James B. Millikin, Esq., then related the circumstances of a tragical scene in which Dr. Potter, by the runaway of his horse, in 1869, was violently thrown from his carriage on his face on a pile

of stones and apparently killed. He recovered consciousness while being carried home by Mr. Millikin, some time afterwards, which accounts for the present disfigurement of his nose.

A song, "Remember the Old Folks," was sung by Father Warwick, and Uncle Henry Earhart made a speech, and some time after ten o'clock the company disbanded, carrying away with them memories which will last while life lasts, of the good old doctor and his good wife.

### **Quinquinia.**

LOUISVILLE, Ky., November 19th, 1880.

We have prescribed quinquinia in a number of cases of malarious fevers, with uniformly good results.

Of nine cases treated in the male medical ward under our care, two were remittent; two tertian intermittent; three quotidian, and two not any distinct paroxysms, but merely a fever recurring daily at the same hour.

The quinquinia was given in quantities varying from fifteen to thirty grains in twenty-four hours, and rarely had to be continued more than one week.

We have administered it both in solution (using a larger proportion of acid) and in capsules—the mass being made with aromatic acid.

In every case the antiperiodic effect was fully manifested, and there was generally no return of the paroxysms after the first dose.

We have also prescribed it in private practice in several cases where quinine could not be borne because of its unpleasant effects, and have found that it can be given in full doses with comparative comfort.

The economy and merit of the preparation should bring it into general use when the facts become known.

FRANK C. WILSON,

Professor of Physiology and Clinical Medicine, Hospital, College of Medicine, and Visiting Physician, Louisville City Hospital.

P. T. TUPPER, Resident Graduate.

ST. LOUIS, Mo., October 5th, 1880.

Some time in the beginning of July an agent left with me a sample of quinquinia, which was kindly increased afterwards for a more extended trial in my private practice and a large seminary under my charge, and I can now, after using over two ounces, safely give it as my opinion, that quinquinia is as reliable as quinine. I gave the full dose, five to ten grains, in same manner as

if exhibiting quinine itself. I found the citric acid an excellent article for a good pill mass. I would add, that one advantage of quinquinia over quinine is its neutral behavior towards uterine contractions. The absence of cerebral excitation after quinquinia has been noticed already, and I can fully subscribe to this fact.

Having still further extended my trials with quinquinia, I can now give the following statement of my experience with confidence: In every case of malarial fever it has fully sustained what has been claimed for it; this includes over one hundred cases of intermittent fever, about twenty cases of remittent, four cases of peritonitis, and a number of bilious paroxysmal fevers, of which class we had during fall and early winter so many instances. I usually ordered the same in pill form, the mass being made with aromatic sulphuric acid or citric acid. Believing in full doses of quinine in the intermittent type, I gave quinquinia in ten grain doses as far from the expected paroxysm as possible, repeating it in six hours. Small doses of quinine disappoint the physician, and so would undoubtedly also quinquinia. The average dose, however, was five grains every four or five hours, and the above dose of ten grains applied only to old, neglected or mismanaged cases. No untoward symptom has ever been noticed by me, nor similar effects to quinine upon gestation. I can speak highly of quinquinia as a prophylactic in malarial regions, of which this city has many. The dose then is one grain three times daily.

B. ROEMER, M. D.,

1124 Chouteau Ave., Physician to Convent Sacred Heart.

### **Vaccine Virus.**

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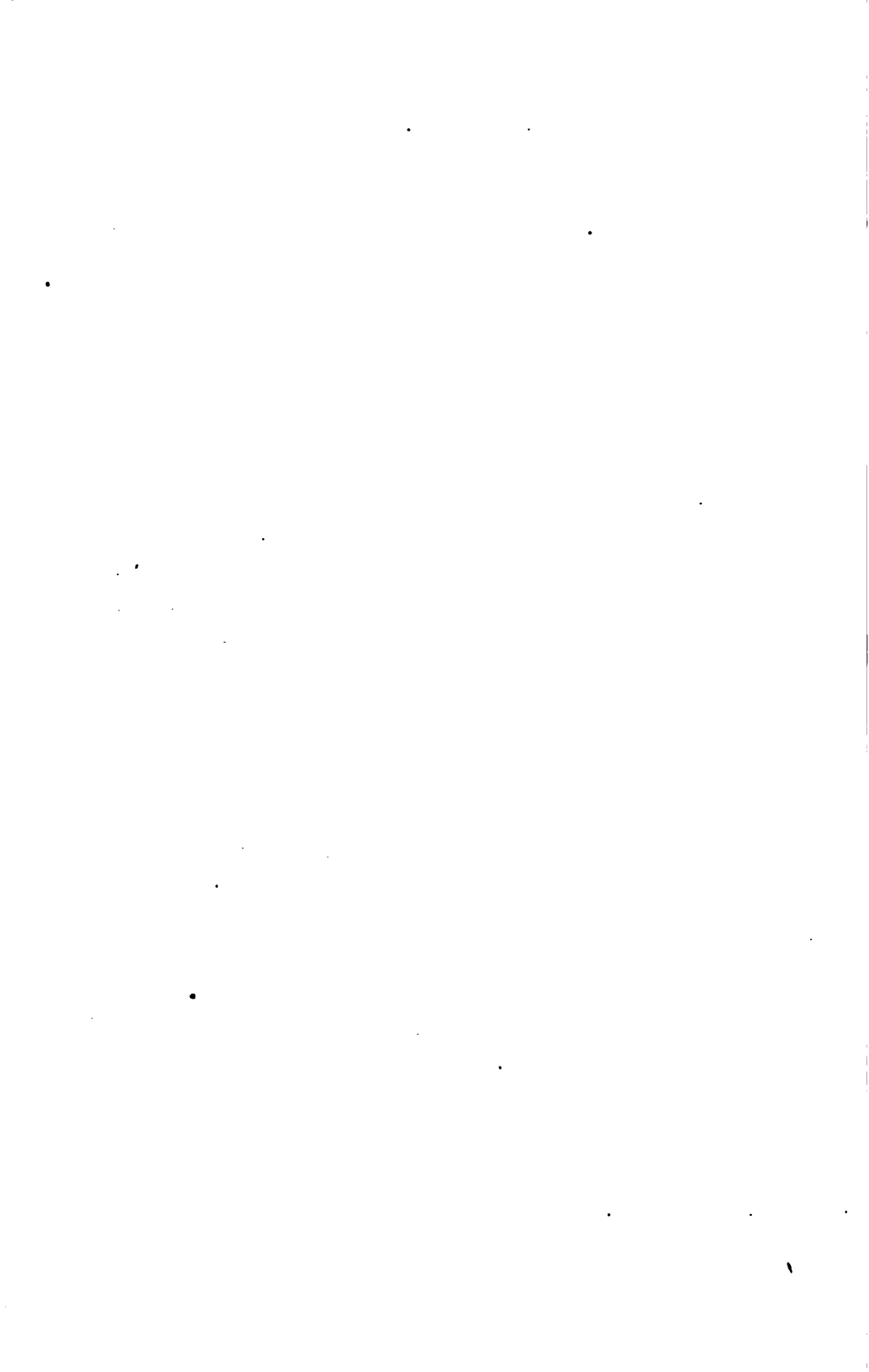
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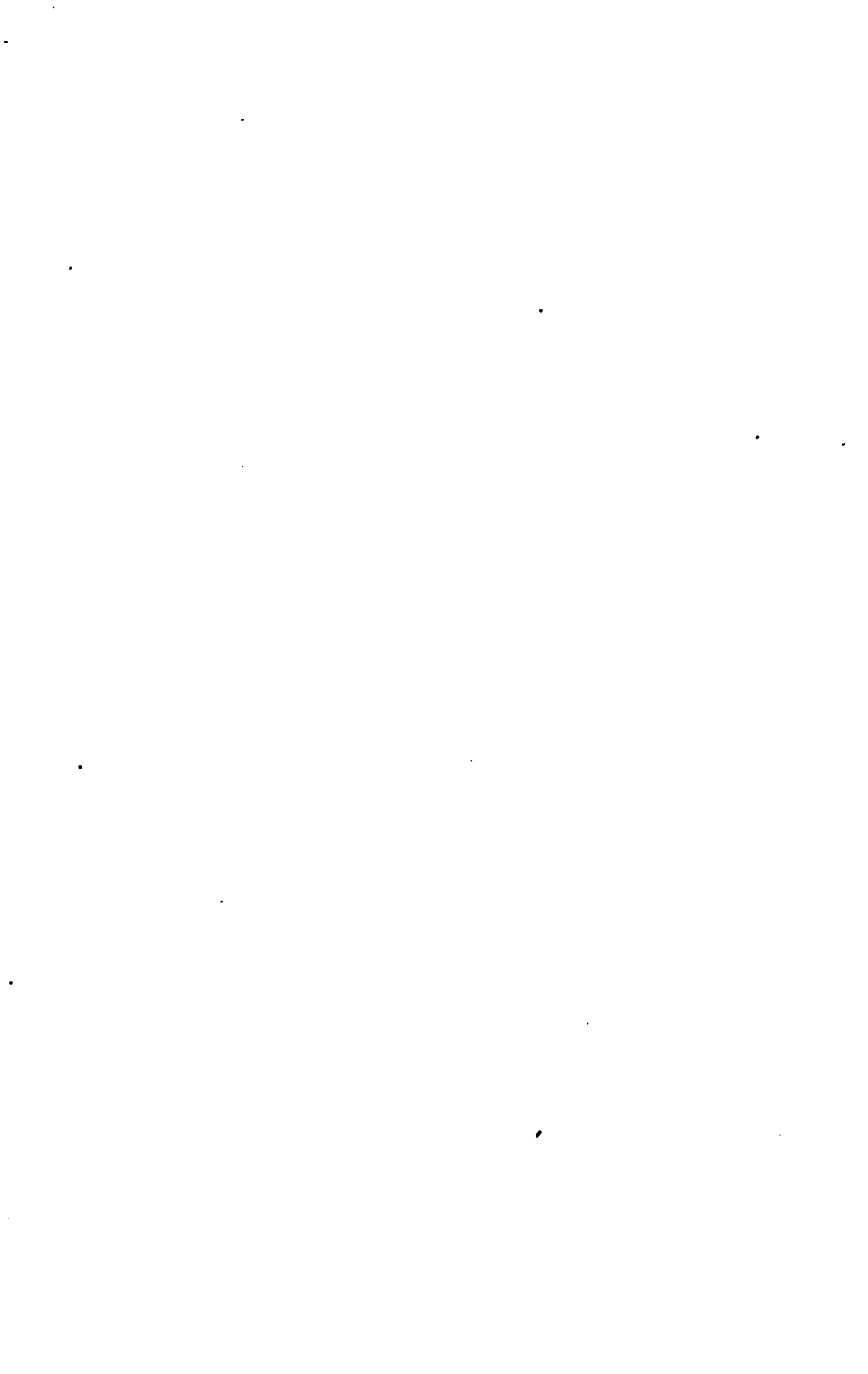
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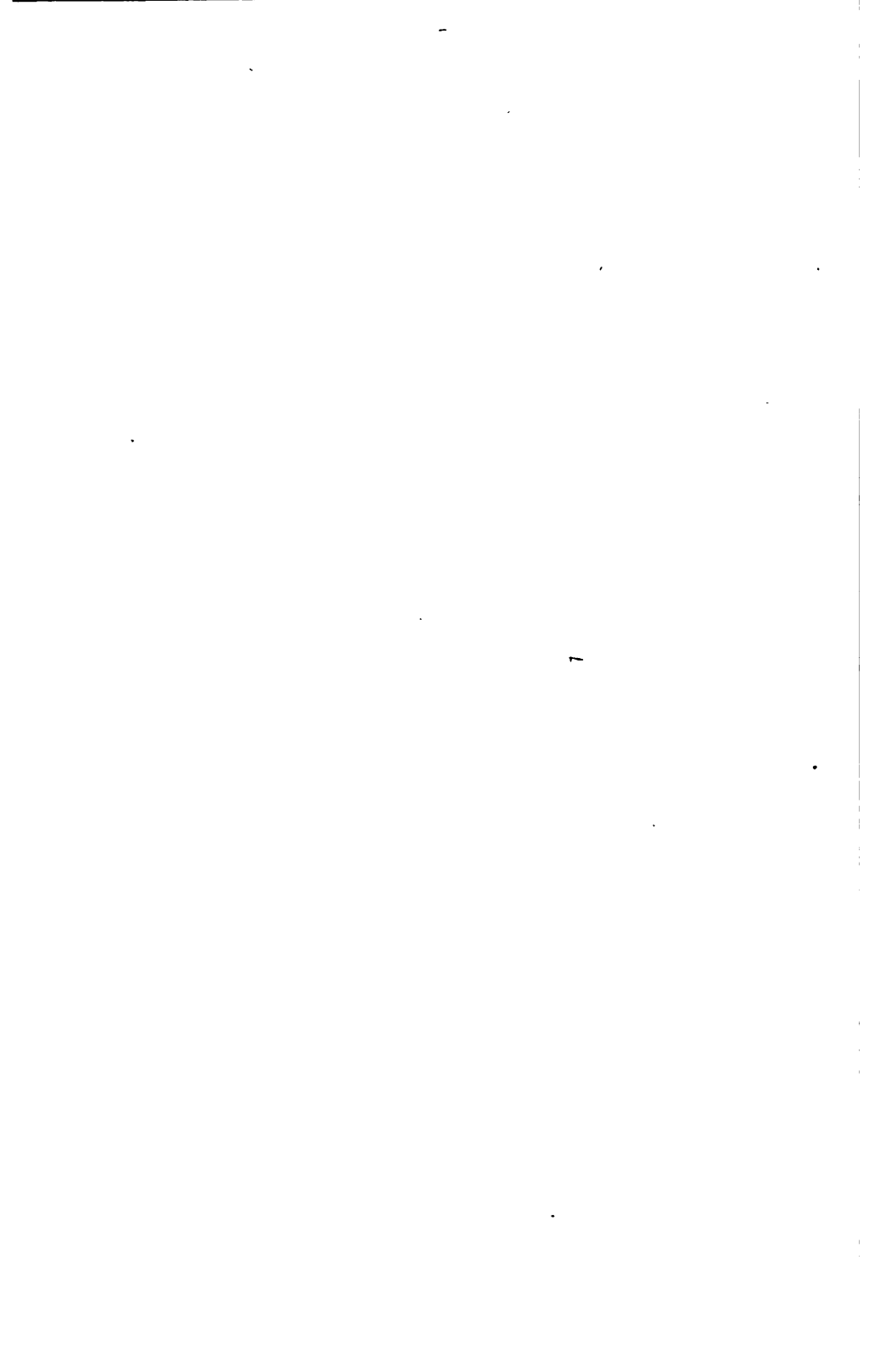
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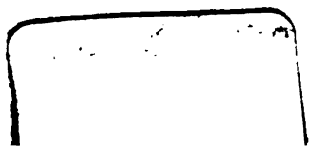








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